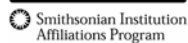




Western Reserve Historical Society
 10825 East Boulevard
 Cleveland, Ohio 44106
 (216)721-5722 ext. 274
 www.wrhs.org



Group Volunteer Service Application

Organization Information

Name _____

Mailing Address _____

c/o _____ City _____ State _____ Zip _____

Telephone _____ Fax _____

Organization Web Address (If Applicable) _____

Program/Group Leader Contact Information

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Cell _____

Email _____

Photography Consent Information

Participants will be photographed for educational, archival, public relations and security purposes for the Western Reserve Historical Society and the Volunteer Program.

I acknowledge that my organization may be photographed by the Western Reserve Historical Society and through my signature , I consent to this action for the whole of the group.

Signature: _____ **Date:** _____

Area of Interest for Volunteer Service

Organizational One Day Service Volunteering

Date _____ Number of People _____

Volunteer Service Preference – Idea _____

Organizational Continued Service Volunteering

Date Start _____ Date End _____

Number of People _____

Contact:
 Becky Carlino
 Volunteer Coordinator
 bcarlino@wrhs.org

