

**VOLUNTEER REGISTRATION RECORD**  
**GROUP VOLUNTEERS**  
Michigan Department of Health and Human Services

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_

Number in Group: \_\_\_\_\_

Nature of Service: \_\_\_\_\_

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