



Group Request Form

Group Name: _____

Group Leader Contact: _____

Email: _____ **Phone#:** _____

Alt. Phone#: _____

Requested Dates (please provide 2-4 possible dates): _____

Requested Hours: _____

Estimated Group Size (total # of volunteers): _____

Are all members 13 years of age or older? _____

Has your group volunteered at MedWish before? If so, when was the last time?

Do any group members have special needs (i.e. need sit down jobs, handicap facilities, are developmentally disabled)? Please explain in detail: _____

Will this be a one-time event for your group? _____ If no, would you like to regularly schedule a session (weekly, monthly, quarterly, annually)? _____

Do any of your group members have medical backgrounds? _____ If so, how many? _____

Additional Comments: _____

Send completed forms to:
Volunteer Coordinator
MedWish International
17325 Euclid Ave.
Cleveland, OH 44112
Fax: 216-274-6380
acharneco@medwish.org