

VOLUNTEER REFERRAL CENTER
161 MADISON AVENUE, SUITE 5SW • NEW YORK, NY 10016
TEL.212. 889.4805 • FAX.212.679.5316 • info@volunteer-referral.org • www.volunteer-referral.org

AGENCY INFORMATION FORM

DATE _____

AGENCY / ORGANIZATION _____

MAIN TELEPHONE _____ MAIN FAX _____

WEBSITE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Borough _____

Nearest Subway / Bus line & Stop _____ Cross Street _____

NATURE OF SERVICE PROVIDED: _____

EXECUTIVE DIRECTOR _____

Phone _____ Email _____

VOLUNTEER DIRECTOR _____

Phone _____ Email _____

CAN YOUR AGENCY ACCOMMODATE VOLUNTEERS WHO ARE:

Physically Challenged YES NO (Please Check One)

Mentally Challenged YES NO (Please Check One)

• If yes, has your agency placed a mentally challenged volunteer before? YES NO

• If yes, please describe the position in which the volunteer was placed: _____

BENEFITS: (Please check all that apply)

Carfare _____ Meals _____ Discounts _____ Other _____

WHAT IS YOUR AGENCY'S 501(c)3 TAX STATUS ? _____

DOES YOUR AGENCY HAVE LIABILITY INSURANCE THAT COVERS VOLUNTEER ACTIVITY?

Yes No

ARE REFERENCES REQUIRED? YES NO IS MEDICAL EXAM REQUIRED? YES NO

DO YOU HAVE VOLUNTEER OPPORTUNITIES FOR HIGH SCHOOL STUDENTS? YES NO

DO YOU HAVE OPPORTUNITIES FOR GROUPS TO VOLUNTEER? YES NO

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