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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