

**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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