



Office of Community Service

AGENCY PROFILE FORM

Agency Name: _____

Mailing Address: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Best Time to Contact: _____

Administrator or Coordinator: _____

Location of Program (if different from agency):

What area will this position best serve:

_____ Education _____ Natural Sciences _____ Health _____ Social Science
_____ Humanities _____ Other

1. Please describe the population that your agency serves and the services that you provide?
2. Why do you want to involve volunteers in your program?
3. What are the dates and times that you need volunteers?
4. Are you able to use volunteers on weekends and evenings?
5. How do you screen volunteers?
6. What level of commitment is required from volunteers?

7. What are the qualifications and physical requirements for volunteer placement?
8. Do you have liability insurance?
9. Is transportation available for volunteers?
10. What are your minimum volunteer requirements in terms of community service hours?
11. Does your organization provide a training session for all volunteers? Include the appropriate hours, number of days, day or evening.
12. Does your agency provide introductory/orientation sessions? If so, when?
13. How often are training sessions offered?
14. When is the next scheduled training session?
15. Do you have specific programs for college students?
16. Do you offer educational opportunities for students who may be enrolled in a student organization society?
17. If you desire college student volunteers, please note any additional skills or particular majors that you would be interested in recruiting. (use space below)
18. If you have a one-time Project or Event for civic/student groups or individuals, please

