



Volunteer Memphis
AGENCY PROFILE

VOLUNTEER MEMPHIS

Please print or type the following information:

AGENCY NAME _____ DATE _____

DEPARTMENT (if applicable) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS (if different from above) _____ ZIP _____

EXECUTIVE DIRECTOR _____ PHONE _____

VOLUNTEER COORDINATOR _____ PHONE _____

FAX NUMBER _____ EMAIL _____

TYPE OF AGENCY: NON-PROFIT _____ (501(C)3 Number _____) GOVERNMENT AGENCY _____

BRIEF DESCRIPTION OF AGENCY/ORGANIZATION AND SERVICES PROVIDED _____

HOURS OF OPERATION _____ DAYS OF WEEK _____

AGENCY FOCUS AREAS: (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Counseling | <input type="checkbox"/> Cultural |
| <input type="checkbox"/> Disaster Relief | <input type="checkbox"/> Education | <input type="checkbox"/> Elderly Services |
| <input type="checkbox"/> Health & Medical | <input type="checkbox"/> Daycare/After school | <input type="checkbox"/> Foreign Languages |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Miscellaneous | <input type="checkbox"/> Museums |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Animals, Wildlife, Gardens |
| <input type="checkbox"/> Other (please list _____) | | |

CLIENT GROUP SERVED:

- Children
- Teens
- Adults
- Senior Citizens
- General Public

TYPES OF VOLUNTEERS ACCEPTED:

- Special Needs
- Homebound
- Court Ordered
- Background Check Required
- Other _____

GEOGRAPHICAL AREA(S) SERVED:

DO YOU HAVE MORE THAN ONE SERVICE LOCATION? _____ YES _____ NO

If yes, please list: _____

CURRENT VOLUNTEER JOB TITLES: (Please List) _____

Please include descriptive brochures of agency and volunteer opportunities, if available.