



COMMUNITY PARTNER APPLICATION

For office use only:
Received: _____
Entered: _____
Assigned to: _____

BASICS

COMPLETE ORGANIZATION NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: (_____) _____ FAX: (_____) _____

NEIGHBORHOOD: _____ WEB SITE: _____

CONTACTS

PRINCIPAL / EXECUTIVE DIRECTOR: _____ ENGINEER / MAINTENANCE: _____ LIBRARIAN / PROGRAM DIRECTOR: _____

NAME _____ NAME _____

(_____) PHONE (_____) PHONE (_____) _____

E-MAIL _____ E-MAIL _____

PERSON WE SHOULD CONTACT ABOUT A POSSIBLE PROJECT (if different than above):

NAME	TITLE	PHONE (_____) _____	E-MAIL
HOW DID YOU HEAR ABOUT CHICAGO CARES? _____			

SPECIFICS

MY ORGANIZATION SERVES: FOR SCHOOLS: FOR NON-SCHOOLS:

<input type="checkbox"/> Children	<input type="checkbox"/> CPS (Area: _____)	<input type="checkbox"/> Park (Region: _____)
<input type="checkbox"/> Young Adults	<input type="checkbox"/> CPS Charter	<input type="checkbox"/> Social Service Agency
<input type="checkbox"/> Adults	<input type="checkbox"/> CPS Small School within _____	<input type="checkbox"/> Non-profit Organization
<input type="checkbox"/> Seniors	<input type="checkbox"/> Big Shoulders Fund (BSF)	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Non-BSF Private	

BRIEF SUMMARY OF YOUR ORGANIZATION'S PURPOSE AND SERVICES PROVIDED: _____

CLIENT POPULATION YOUR ORGANIZATION SERVES (INCLUDING GENERAL DEMOGRAPHICS): _____

AVAILABILITY

CHECK ALL DAYS, TIMES AND MONTHS YOUR ORGANIZATION IS AVAILABLE TO HOST VOLUNTEERS:

<input type="checkbox"/> Mondays	<input type="checkbox"/> Mornings	<input type="checkbox"/> January	<input type="checkbox"/> July
<input type="checkbox"/> Tuesdays	<input type="checkbox"/> Afternoons	<input type="checkbox"/> February	<input type="checkbox"/> August
<input type="checkbox"/> Wednesdays	<input type="checkbox"/> Evenings	<input type="checkbox"/> March	<input type="checkbox"/> September
<input type="checkbox"/> Thursdays		<input type="checkbox"/> April	<input type="checkbox"/> October
<input type="checkbox"/> Fridays		<input type="checkbox"/> May	<input type="checkbox"/> November
<input type="checkbox"/> Saturdays		<input type="checkbox"/> June	<input type="checkbox"/> December
<input type="checkbox"/> Sundays			

IS YOUR ORGANIZATION WILLING TO HOST VOLUNTEERS UNDER THE AGE OF 18? Yes No



WHAT COULD CHICAGO CARES VOLUNTEERS DO AT YOUR SITE?

ENRICHMENT ACTIVITIES	mentoring or tutoring	fitness series	reading development
	computer skills	character development	adult education (math, literacy tutoring, etc.)
	recreation / sports programs	student scholar development	immigrant services (ESL, U.S. citizenship, etc.)
	games or activities	food sorting or distribution	women's care and development
	career / arts-related field trips	food preparing or serving	other (describe below)

INDOOR IMPROVEMENT	# of classrooms to paint	# of doors to paint	paint alphabet mural
	# of other rooms to paint	# of stairwells to paint	paint computer keyboard mural
	# of hallways to paint	paint lunchroom	paint nutrition mural
	# of lockers to paint	paint custom mural	other (describe below)

When was the building constructed? _____ When was the building last painted? _____

LIBRARY IMPROVEMENT	paint library	organize card catalog	weed out old books
	clean shelves & organize existing books	barcode existing books	donate new books
	repair shelves or construct new shelving	paint murals	other (describe below)

Our library is: centralized automated located in multiple classrooms not automated

Approximate # of books: _____

OUTDOOR IMPROVEMENT	paint U.S. / world map mural	build flower box(es)	mulch trees or garden areas
	paint alphabet mural	build planter bench(es)	develop community garden
	paint playground line games	build sandbox	nature area restoration work
	paint chain link fence(s)	plant flowers / bulbs / bushes	clean park / beach / green space
	paint playground equipment	weed / clean garden areas	other (describe below)

OTHER NEEDS	_____

PRIORITIES	PLEASE RANK YOUR TOP THREE PRIORITIES FROM THE ABOVE LISTS:
	1. _____
	2. _____

3. _____