Name of Organization: ___________________________________________________________

Complete Mailing Address: ____________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Telephone: __________________________ Fax: __________________________ 

Neighborhood (i.e. East Baltimore, Fells Point, Federal Hill, Timonium, etc): ___________________________

Web Site (if applicable): ___________________________________________________________

Person Responsible for Organizing Volunteers, Interns (Volunteer Coordinator, Manager, etc.)
Contact Name: __________________________ Title: __________________________
Telephone: _____________________________ Email: __________________________

Leadership Contact (Executive Director, Director, CEO, CMO, etc.)
Contact Name: __________________________ Title: __________________________
Telephone: _____________________________ Email: __________________________

Briefly describe the Mission of your organization:

Does your organization have a current 501(c)3 status? □ YES □ NO
Does your organization focus on community health issues? □ YES □ NO
Does your organization have a board? □ YES □ NO
Is your organization located in Baltimore City? □ YES □ NO

*If you answer NO to any of these questions, please contact SOURCE before sending an application.

Check the type of volunteer/involvement opportunities that are available with your organization:

□ One-time □ Internships
□ On-going □ Federal Work-Study Opportunities (pay: Org 25% / Govt 75%)
□ e-Volunteering (computer/internet based) □ Special Projects
□ Academic Involvement Opportunities (requires community preceptor who identifies as a public health professional with interest/time/ability to work with students. Name: __________________________)

Please check the populations that your organization serves (check all that apply):

□ Youth □ Senior Citizens
□ Families □ Women/Girls
□ Men/Boys □ People with HIV/AIDS
□ Animals/Pets □ People with Disabilities
□ Gay, Lesbian, Bisexual, Transgender □ Alcohol and Drugs
□ Homeless □ Low Income
□ General Public □ Specific health condition:
□ Other: __________________________

How should your organization be categorized in our SOURCE records? (Select up to 2 categories)

□ Advocacy Organization □ Chronic/Infectious Disease
□ Community Clinics/Hospitals □ Community/Neighborhood Development
□ Cultural and Ethnic □ Disability
□ Environment □ Faith-Based
□ Gay, Lesbian, Bisexual, Transgender □ Mental Health
□ Public Schools □ Tutoring and Mentoring
□ Senior Citizens □ Social Issues
□ Women □ Youth □ Other: __________________________

Please list any relationships you have with faculty from our schools (JHU Public Health, Nursing, Medicine):
Please describe the type of assistance that your organization could utilize, and list specific duties:

Please specify any requirements for volunteers at your organization (age, abilities, languages, background check, drug testing, etc. If background check and/or drug tests, does your org pay for these?)

Do you require specific time commitments from volunteers? □ YES □ NO

*If YES, please specify:

Will volunteers receive any specific training? □ YES □ NO

Do you have a volunteer application? □ YES □ NO

***If YES, please include a copy of the application that we can have on file in our center.

Please check the days of the week that students can volunteer with your organization:
□ Mon □ Tues □ Wed □ Thurs □ Fri □ Sat □ Sun □ Special Event Hours

Please check the time of day that students can volunteer with your organization:
□ morning □ afternoon □ evening □ Special Events Hours

If you have specific days of the week / times that volunteers are needed, please specify here:

TRANSPORTATION QUESTIONS:
Is your organization in walking distance from the East Baltimore Hopkins campus?
(615 N. Wolfe Street, Baltimore, MD 21205)? □ YES □ NO

If a volunteer does not possess his/her own transportation, is it possible to access your organization by public transportation? □ YES □ NO

*If YES, please specify the routes (JHU shuttle stop, bus, metro, light rail, etc.) that can be utilized to reach your organization:

Is parking available at your organization? □ YES □ NO

If YES, is parking available FREE of CHARGE? □ YES □ NO

I have read and agree to the Mutual Expectations laid out by SOURCE for becoming a partnering community-based organization (CBO) within SOURCE’s network.

Printed Name of Leadership Contact  Signature  Date

Please return form to:  Johns Hopkins University
SOURCE (Student Outreach Resource Center)
615 N. Wolfe St., Suite W1600
Baltimore, MD 21205-2179

or fax to SOURCE at 410-502-2736; email to SOURCE@jhu.edu

Don’t forget to include the following information:

□ Driving or walking directions  □ Brochure/pamphlet describing your CBO
□ A copy of your volunteer application  □ Any additional materials about volunteer opportunities

Additional Note to Applicants: Please review our Partnership Criteria. We are unable to partner with all organizations that apply. Applications can take some time to process, particularly during busy periods. See our website for the full details about the application process:
http://source.jhu.edu/audiences/community-based-organizations/become-a-partner/

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