

SOURCE (Student Outreach Resource Center)
Johns Hopkins University Schools of Public Health, Nursing, and Medicine

SOURCE CBO Partnership Application

FOR SOURCE USE ONLY
(enter date accomplished)

Application Received: _____
Confirmation Sent to CBO: _____
CBO Info Logged: _____
CBO App saved as PDF: _____

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: _____
- Specific Racial/Ethnic/Cultural Group: _____ 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):

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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/>