

**Agency Information Form**

1. **Agency Name:**
2. **Contact Information of Volunteer Coordinator or Primary Manager of Volunteers:**
* Name:
* Title:
* Email:
* Phone:
* Fax:
1. **Additional Agency Contact (if applicable):**
* Name:
* Title:
* Email:
* Phone:
* Fax:
1. **Hours of Operation:**
2. **Location / Mailing Address:**
3. **Additional location information (suite number, parking information, additional locations, etc.):**
4. **Website:** **Facebook:       Twitter:**
5. **Who We Are (include your agency’s mission and/or vision statements):**

1. **What We Do (include your agency’s programs and/or activities):**

1. **Causes your agency represents:**

[ ]  Arts and Culture [ ]  Environment

[ ]  Basic Needs [ ]  Equality

[ ]  Community [ ]  Family

[ ]  Crime and Safety [ ]  Health

[ ]  Crisis [ ]  Housing

[ ]  Disaster Response [ ]  Income

[ ]  Education [ ]  Mental Wellness

[ ]  Employment [ ]  Veterans

**Please complete this form and return via email to information@vccv.org**