

**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**