

VOLUNTEER Hampton Roads 2010 Nonprofit Membership Profile

Form is also available online at www.volunteerhr.org in the 'Newsroom' section.

The following information will be used as contact information for your organization:

Check here if this is a NEW membership and if so, how did you hear about VOLUNTEER Hampton Roads' Nonprofit Membership Program?

Name of Organization:					
Address:					
City:		State:		Zip:	
Phone:		Fax:			
Staff Contact:					
Phone:		E-mail:			
Number of Employees:		Web:			
EIN#:		Annual Budget:			
Key Contacts	Name:	E-mail:			
Chief Professional (Provide Title):					
Development Contact:					
Communications Contact:					
Volunteer Contact:					

The following information will be used in the 2010/2011 Nonprofit Directory

NOTE: 2009's information will be used for any spaces left blank

Organization Name:			Year Established:	
Mailing Address:				
City:		State:		Zip:
Phone:		Fax:		
Website:		Volunteer Contact E-mail:		
Mission Statement:				

Organizational Focus:

Select main three (3):

- Animal Support
- Arts
- Children/Youth
- Community Enrichment
- Disaster Relief
- Education
- Environment
- Health/Wellness
- Homelessness/Hunger
- Renovation, Revitalization, Repair
- Seniors
- Other (please specify):

Programs:

In **alphabetical order**, list programs, including brief, one-sentence description (use attachment if necessary):

Volunteer Opportunities:

In **alphabetical order**, list ongoing volunteer needs (use attachment, if necessary):

Volunteers Accepted:

Your organization accommodates (check all that apply):

- Corporate volunteers
- Family volunteers
- Group volunteers
- Youth Group volunteers
- Youth volunteers:
If so, age requirement with a chaperone? _____ Age requirement without a chaperone? _____

Donation Information:

Does your organization need items donated? Yes No

If so, what?

- | | | |
|--|--|---|
| <input type="checkbox"/> Books | <input type="checkbox"/> Food | <input type="checkbox"/> Office Supplies |
| <input type="checkbox"/> Cleaning Supplies | <input type="checkbox"/> Furniture | <input type="checkbox"/> Toys |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Household Items | <input type="checkbox"/> Other (please describe): |

Primary Source(s) of Funding (check all that apply):

- United Way Donations Fees for Service Grants Government
- Other (please describe):

Geographic Region Served (check all that apply):

- South Hampton Roads Peninsula Virginia National
- Other (please indicate):

Training Needs of your Organization (check all that apply):

- Marketing Fundraising Technology Nonprofit Management
- Customized Training Other (please indicate):

Name (print): _____

Title: _____

Signature: _____

Date Completed: _____

2010 Nonprofit Membership Invoice

VOLUNTEER Hampton Roads
 400 West Olney Road, Suite B
 Norfolk, VA 23507
 Phone: (757) 624-2400
 Fax: (757) 624-3618
 Tax ID #: EIN 54-1072533

Terms

Membership payment and forms due **January 29, 2010.**

Description	Annual Budget	Total
2010 Nonprofit Membership	less than \$99,999	\$125.00
	\$100,000 - \$499,999	\$150.00
	\$500,000 +	\$175.00

Organization Information

Name:					
Address:					
City:		State:		Zip:	
Phone:		Fax:			
E-mail:		Web:			
Contact:		Annual Budget:			
		BALANCE DUE:			

Remittance: For Office Use Only

Organization:		
Date:		
Amount Enclosed:		
Paperwork Attached:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check Number:		
Comments:		