

VOLUNTEER Hampton Roads 2009 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:			
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 2009/2010 Nonprofit Directory

(Information marked with an asterisk (*) will be included in the 2009/2010 Nonprofit Resource Directory)

NOTE: 2008's information will be used for any spaces left blank

Check here if the following organization information has remained the same since the publication of the 2008/2009 Nonprofit Resource Directory.

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

Organizational Focus*:

Check here if the following organization information has remained the same since the publication of the 2008/2009 Nonprofit Resource Directory.

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*:

Check here if the following organization information has remained the same since the publication of the 2008/2009 Nonprofit Resource Directory.

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

Volunteer Opportunities*:

Check here if the following organization information has remained the same since the publication of the 2008/2009 Nonprofit Resource Directory.

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

Volunteers Accepted*:

Check here if the following organization information has remained the same since the publication of the 2008/2009 Nonprofit Resource Directory.

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*:

Check here if the following organization information has remained the same since the publication of the 2008/2009 Nonprofit Resource Directory.

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: |

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

Check here if the following organization information has remained the same since the publication of the 2008/2009 Nonprofit Resource Directory.

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

Geographic Region Served (check all that apply)*:

Check here if the following organization information has remained the same since the publication of the 2008/2009 Nonprofit Resource Directory.

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

Name (print): _____

Title: _____

Signature: _____

Date Completed: _____

2009 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 30, 2009.**

Description	Annual Budget	Total
2009 Nonprofit Membership	less than \$99,999	\$100.00
	\$100,000 - \$499,999	\$125.00
	\$500,000 +	\$150.00

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:		