

1996 SERVICE SITE APPLICATION
VOLUNTEER MARYLAND!
An AmeriCorps Program

SAMPLE

A. GENERAL INFORMATION

Organization: _____

Address: _____

County: _____

Telephone: _____ Fax: _____

Director: _____

Contact Person &
Title: _____

Applicant Information: (Check below)

1. Government Agency: _____

- Federal _____
- State _____
- County _____
- City _____
- Municipal _____
- School _____

2. Non-Profit: _____

- A. Public _____
- Private _____

B. Tax Exempt number: _____

B. AGENCY

1. What is your organization's mission and how long has your agency been in existence?

2a. What are the major programs and services of your organization?

2b. Which of the above programs utilize volunteers?

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3a. What is your staff size? Please list numbers of full and part-time employees. If you are a government agency, list only staff for the division or department applying for the partnership.

3b. Outline the personnel or departmental structure of your organization. Feel free to draw or attach an organizational chart. Show who are the key players and what are their roles. Also, briefly describe the communications network between all players (i.e., weekly staff meetings, staff bulletin boards, weekly memos, etc.).

4. What is your organization's annual budget? Attach your agency's most recent financial statement or audit report. If you are a government agency, indicate the annual budget for the entire agency and for your specific division as well.

Please indicate the amount of your cash match, based on your annual budget: \$ _____

c. VOLUNTEER HISTORY

1. Explain your organization's history with volunteers. (Refer to your answer for Question 2a.) Specify: the numbers of volunteers currently involved in your programs; types of services provided by the volunteers; successes and/or problems with volunteer recruitment, retention and supervision; and your budget for current volunteer efforts.

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D. PARTNERSHIP REQUEST

1. We would like a partnership with VOLUNTEER MARYLAND! in order to:

___expand and/or upgrade an existing volunteer program.

___create a new volunteer program.

2. Outline your partnership proposal by ~~specifying~~ A through E below:
- A. The need in the community or in your client population that your volunteer program will address, and how this need was assessed/determined;
 - 8. The numbers of volunteers needed for this effort--please be as specific as possible, taking into account your agency's capacity to support volunteers;
 - C. How the volunteers will be utilized (specify the types of direct service activities the volunteers will perform);
 - D. A 10-month timeline for program development and implementation;

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3. Please specify the expected results and measurable outcomes of this volunteer program. Specify how clients will benefit from the work of the volunteers.

(For example, the expected and measurable outcomes of our volunteer tutoring program are that 15 student's reading levels will increase by one-half a grade level by the end of the year.)

3. Volunteer programs are most successful and sustainable when they are an integral part of an organization. Hence,
- a. Describe the role and responsibilities of the Volunteer Maryland Coordinator.
 - b. Describe the roles and responsibilities staff members will have for the volunteer program (i.e. assisting to screen/match volunteers, train volunteers, supervise and manage volunteers, implement program evaluation).

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- c. Provide signatures below of all staff members who will be working to support the volunteer program. (Attach additional sheets if needed.)

Staff Signature and Title:

Role in Developing Volunteer Program:

4. Provide the name and phone number of the person from your organization who will be responsible for supervising and orienting the Volunteer Maryland Coordinator while s/he works at your site. The supervision includes orienting the Volunteer Coordinator and participating in several VOLUNTEER MARYLAND! training days throughout the partnership year.

5. What is the estimated budget for the volunteer program outlined in question 2? Include a specific line item description for any of the following: funds allotted for phone calls, training supplies, postage, printing, Volunteer Coordinator service stipend/match, mileage recognition materials, and other items. indicate current funding source(s) for the items, whether it is cash or in-kind contributions.

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6. Please attach three letters of support for your proposed volunteer program: one letter from a Board member, one from an organization you work with, and one from a staff member who will be working with the volunteer program.

The letters must describe the resources and commitments of time, in-kind services, staff or anything else that will be made available to the Volunteer Coordinator throughout the partnership year to help ensure the success of the volunteer program.

The attached letters of support are from:

1. _____

2. _____

3. _____