



Nonprofit Application Form

Organization:

Nonprofit Name: _____

Address: _____

Address where Give 5 class is to be delivered: Same as above? Or, to the following:

Is your organization located within Jasper or Newton County Yes ___ No ___

Executive Director:

Contact Name: _____

Title: _____

Contact Phone: _____ Email: _____

Volunteer Coordinator:

Contact Name: _____

Title: _____

Contact Phone: _____ Email: _____

Alignment with Community Priorities

It is our intention to focus the Give 5 program toward nonprofits whose mission aligns most closely with the following community priorities. Please indicate which of the following community priorities your organization aligns (select all that apply):

- Income and Social Protection
- Education
- Social and Community Context
- Housing Amenities and the Environment
- Health Care Access and Quality
- Early Childhood Development
- Food Insecurity
- Working Life Conditions.

Your Organization's Volunteer Needs

If your organization is selected to participate in the Give 5 program, a representative from Give 5 will work with you to outline your intended "hosting time" when each Give 5 class is delivered to your organization. Your organization will likely have 45 minutes with each class. The class size will be no more than 25 members. It is our intention that your "hosting time" be informative, engaging and, if possible, interactive. We encourage you not to place the class in a room and "talk at them." This is your organization's opportunity to put your best foot forward to explain what you do and any volunteer opportunities you have that might appeal to the class members.

Approximately how many volunteers does your organization have now? _____

How many additional volunteers can your organization accommodate? _____

What special skills/talents are you seeking in your volunteers, and approximately how many hours per month are you needing volunteers in each skill/talent category?

- hours per month] Board Service - hours per month]
- Business - hours per month]
- Clerical/Office Work - hours per month]
- Education/Teaching - hours per month]
- Financial - hours per month]
- Healthcare/Medical - hours per month]
- Labor - hours per month]
- Leadership - hours per month]
- Legal - hours per month]
- Marketing/Public Relations - hours per month]
- Mentorship - hours per month]
- Technology - hours per month]
- Other: _____ - hours per month]
- Other: _____ - hours per month]

Within the list above, which three are your organization's areas of greatest need:

The Process

All members of each class will be provided a binder of information about each of the nonprofit organizations they will be visiting. Do we have your permission to include in the binder any information you provide on this form? Yes ___ No ___

If selected to participate, your organization’s executive director and volunteer coordinator will be emailed a document providing summary demographic information about the class that will be visiting you next. This document will not include personal information about the members of the class, but summary information will be provided.

It is our intention to track the effectiveness of the Give 5 program over time. Selected non-profits will be asked to provide statistical information (number of volunteer hours worked per Give 5 volunteer) and a brief anecdotal report via email every six months. If selected, does your organization commit to providing this information every six months?
Yes ___ No ___

Application Signature

Via my signature below, my organization is applying to participate in the Give 5 program.

Executive Director Name (Print): _____

Executive Director Signature: _____

Signature Date: _____

Mail to:

**Area Agency on Aging Region X
Attn: Kim or Jennifer
531 East 15th Street
Joplin Mo 64804**

**United Way of SWMO/SEKS
Attn: Duane
3510 East 3rd Street
Joplin Mo 64801**