

**Towson University**  
**Volunteer Agency Placement Form**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Web Site (if applicable): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ \*Email: \_\_\_\_\_

Briefly describe the purpose of your organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check the type of volunteer opportunities that are available with your organization:

- One-time only
- Long-term only
- Both One-time and Long-term

Please check the populations that your agency serves:

- |  |   |
|--|---|
| <input type="checkbox"/> Youth                               | <input type="checkbox"/> Senior Citizens            |
| <input type="checkbox"/> Families                            | <input type="checkbox"/> Women/Girls                |
| <input type="checkbox"/> Men/Boys                            | <input type="checkbox"/> People with HIV/AIDS       |
| <input type="checkbox"/> Animals/Pets                        | <input type="checkbox"/> People with Disabilities   |
| <input type="checkbox"/> Gay, Lesbian, Bisexual, Transgender | <input type="checkbox"/> Alcohol and Drugs          |
| <input type="checkbox"/> Homeless                            | <input type="checkbox"/> Low Income                 |
| <input type="checkbox"/> General Public                      | <input type="checkbox"/> Specific health condition: |

Specific Racial/Ethnic/Cultural Group: \_\_\_\_\_  Other: \_\_\_\_\_  
\_\_\_\_\_

Please check the duties that a volunteer would perform for your organization:

- |  |   |
|--|---|
| <input type="checkbox"/> Arts/Museums/Theater                  | <input type="checkbox"/> Child Care/Play                    |
| <input type="checkbox"/> Cleaning/Maintenance                  | <input type="checkbox"/> Computer Work                      |
| <input type="checkbox"/> Counseling Assistance/Hotline         | <input type="checkbox"/> Entertainment                      |
| <input type="checkbox"/> Environmental Work/Advocacy           | <input type="checkbox"/> Food Prep/Service/Delivery         |
| <input type="checkbox"/> Fundraising                           | <input type="checkbox"/> Hospital/Health Care/Health Ed     |
| <input type="checkbox"/> Housing Renovation/Construction       | <input type="checkbox"/> Interpreting/Bilingual Assistance  |
| <input type="checkbox"/> Office Work/Telephoning               | <input type="checkbox"/> Outdoor Activities                 |
| <input type="checkbox"/> Companionship/Visitor/Personal Care   | <input type="checkbox"/> Political Advocacy/Research/Policy |
| <input type="checkbox"/> PR/Publications/Publicity/Canvassing  | <input type="checkbox"/> Recreation                         |
| <input type="checkbox"/> Training/Awareness Building/Education | <input type="checkbox"/> Reading/Literacy                   |
| <input type="checkbox"/> Tutoring/Mentoring                    | <input type="checkbox"/> Other: _____                       |

*Please specify any requirements for volunteers at your organization (such as age, gender, race, physical ability, language ability, etc.)?*

*Will volunteers receive any specific training?*  YES  NO

*Do you require specific time commitments from volunteers?*  YES  NO

*If YES, please specify:*

*\*Does your organization serve Family Investment Program (FIP) recipients?*

YES  NO This information is needed to report to the Joint Committee on Welfare Reform.

*Please check the days of the week that students can volunteer with your agency:*

Mon  Tues  Wed  Thurs  Fri  Sat  Sun  Special Event Hours

*Please check the time of day that students can volunteer with your agency:*

morning  afternoon  evening  Special Events Hours

*If there are specific days of the week and times that volunteers are needed at your agency, please specify here:*

**TRANSPORTATION QUESTIONS:**

*Can your organization provide transportation for a volunteer?*  YES  NO

*If NO, please provide detailed driving directions from the Towson University campus:  
(8000 York Road, Towson, MD 21252)*

*Is parking available?*  YES  NO

*If a volunteer does not possess his/her own transportation, is it possible to access your organization by public transportation?*  YES  NO

*If YES, please specify the routes (bus, metro, light rail, etc.) that can be utilized to reach your organization:*

**Please return form to:**

Towson University  
Office of Student Activities  
c/o Coordinator for Community Service  
8000 York Rd  
Towson, MD 21252-0001