



PROJECT PARTNER APPLICATION

This form will help Pass It Along determine whether we can meet your volunteer needs. Please be as detailed as possible. In fact, the more information you provide the better we can serve you and your organization/school.

About Pass It Along

Pass It Along's mission is to awaken, validate and nourish the innate desire to 'give back' by mobilizing youth as community partners. Through innovative partnerships, Pass It Along offers multifaceted programs that stimulate personal growth and activate community development. Promoting the benefits of sustained civic engagement, our programs are designed to foster Education and Leadership, Service in Action and Self-Exploration and Reflection.

Part I: Basic Information

Your name and title: _____

Organization/School: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

Website: _____ Email: _____

Executive Director/Principal: _____ Phone: _____

Other key staff & title: _____

Number of people served per year: _____ Years Serving: _____

Directions to your Organization/School: _____

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Pass It Along is a 501 (c) 3 EIN# 80-0018706
www.passitalong.org



Please provide a brief description of your organization/school, including the demographics and the issues you address: (Please attach any information as necessary)

Services your organization CURRENTLY provides. Please check all that apply and add additional services, if applicable:

- Soup Kitchen
- Adult Education
- Parks and Gardens
- Special needs disability support
- Youth Education
- Welfare to Work
- Other: Please explain below
- Services to Senior Citizens
- Services to HIV/AIDS population
- Services for disabled adults and children
- English as a second language
- Children's Recreation
- Job training/Computer training

Additional resources and needs: Please check the appropriate space for the following questions and provide additional information that will help us to serve you.

Does your organization/school currently work with volunteers? Yes No

What roles do the volunteers play? _____

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Do you currently have teenagers volunteering with your organization? Yes No

What roles do they play? Are there age limits? _____

Are there any opportunities for families to volunteer at your organization? Yes No

If yes, please describe: _____

Do you currently have relationships with any corporations or other volunteer programs?

Yes No

If yes, please describe: _____

Are you open evenings after 6pm? Yes No Weekend days? Yes No

If not, would you be able to open for a specific volunteer project? Yes No

Do you have ongoing needs for donated items? Yes No

If yes, please describe: _____

Are you able to pick up donated goods? Yes No

Your agency is a:

Nonprofit Neighborhood Association Other

Senior Care Facility Government Agency

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Does your agency have liability insurance protection for volunteers? (Government agencies exempt)

_____ Yes _____ No

Part II Volunteer Needs

Use the form below as a guide to describe your volunteer needs. There is no limit to the number of volunteer projects you can propose. Keep in mind:

- Provide liability insurance protection for volunteers;
- Be a 501(c)(3) nonprofit, government entity, neighborhood association or senior care facility accepting Medicaid;
- Pass It Along projects must be hands-on, directly impacting clients or communities;
- Accept volunteers without regard to race/ethnicity, gender, religion or sexual orientation;
- Projects must be suited for teams of volunteers (approximately 2-20 plus people).

Please indicate the types of projects/services for which you NEED volunteers by placing an “X” wherever applicable. You will be asked to provide more detailed information about your needs below.

Activities with Senior Citizens _____

Outdoor Environmental Work _____

Meal Delivery _____

Support for Adults/Children with HIV/AIDS _____

Food Pantry _____

Recreational Projects for Children/Teens _____

Gardening _____

Athletic Programs for Children/Teens _____

Painting _____

Light Renovation _____

Mural Painting _____

Educational Projects _____

Support for Adults/Children with Special Needs/Disabilities _____

Youth Education (e.g. homework help, tutorials, SAT prep, college essay writing) _____

Other (Please describe below)

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Please sign the completed form and provide any further information about additional projects or ideas that you may have.

Name: _____ Title: _____ Date: _____

Once you have completed this form, please fax, email or mail it to:

973-726-9715 FAX

kelly@passitalong.org or sue@passitalong.org

Pass It Along
60 Blue Heron Rd.
Suite 100
Sparta NJ 07871

If you have any questions, please call 973-726-9777

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