



United Way of Greater Houston
Community Resource Database



Organization Information Form

DATE _____

This is only for the administrative office information.

ORGANIZATION NAME: _____

TYPE OF ORGANIZATION: Nonprofit 501(c)(3) Government Other _____

ADMINISTRATIVE PHYSICAL ADDRESS: *Physical location is confidential. Please provide PO Box mailing address.*

Street _____ City _____ State _____ Zip _____

PO Box _____ City _____ State _____ Zip _____

Phone _____ Fax _____

CEO/COO OF THE ORGANIZATION (Executive Director, President, etc.)

Name _____ Title _____

Phone(if different from main #) _____ E-mail _____

Is this site accessible to the disabled? Yes No **Also for wheelchairs?** Yes No

DAYS and HOURS (open for administrative contact) _____

DESCRIPTION OF ORGANIZATION (Please provide a brief explanation of your organization and the services provided)

Please provide us with the name and number of a contact person we can call for additional information.

Name _____ Title _____

Phone(if different from main #) _____ E-mail _____



United Way of Greater Houston
Community Resource Database



Site Information Form

DATE _____

IMPORTANT: *If your organization only has one location, your site name will be the same as your organization name. (Please complete one Site Information Form for each site/location you would like listed.)*

SITE NAME (Location): _____
If any additional sites do not have specific names, please use the geographic area, such as Rosenberg Office, Westheimer Office, etc.

ORGANIZATION NAME: _____

PHYSICAL ADDRESS OF SITE: *Physical location is confidential. Please provide PO Box mailing address.*

Street _____ City _____ State _____ Zip _____

PO Box _____ City _____ State _____ Zip _____

PHONE NUMBERS & INTERNET ACCESS OF SITE Intake _____

Fax _____ Toll-free _____ TDD _____

E-mail _____ Web Site _____

Is this site accessible to the disabled? Yes No **Also for wheelchairs?** Yes No

LANGUAGES (Other than English) ASL Spanish Other: _____

SERVICE AREA OF THIS SITE (List Counties or Cities. If only part of a county or city is served, please provide specific zip codes.)
If this is one of multiple sites, please specify a service area for this site that makes it accessible from a caller's location.

PROGRAMS OFFERED AT THIS SITE (List program names)

Does your organization have a SITE DIRECTOR? Yes No

Name _____ Title _____

Phone _____ E-mail _____



United Way of Greater Houston
Community Resource Database



Program Information Form

DATE _____

Please complete one Program Information Form for each program you would like listed.

PROGRAM NAME: _____

ORGANIZATION NAME: _____

DESCRIPTION OF PROGRAM

(Please provide a brief explanation of the services offered by this program, excluding information that you will provide below.)

ELIGIBILITY (i.e., age, gender, special conditions, etc.) _____

FEES None Accepts Medicare Accepts Medicaid Flat fee Based on income and family size

Donation accepted Call for Information Other: _____

INTAKE PROCEDURE (How to apply for services)

Call for application Call for appointment Call for information Walk-ins accepted

Other: _____

DOCUMENTS REQUIRED None Valid Identification Proof of address Utility bill

Application Proof of income Social Security card(s) Call for information

Other: _____

LANGUAGES (Other than English) ASL Spanish Other: _____

DAYS and HOURS (open to provide services) _____

PHONE NUMBER (if different from main number at that site) _____

PROGRAM OFFERED AT THESE LOCATION(S): Available at the Main Office of organization

(List names of sites that this program is offered at, each site listed should have a Site Information Form completed.)



United Way of Greater Houston
Community Resource Database



Volunteer Opportunities Form

DATE _____

PROGRAM NAME: _____

ORGANIZATION NAME: _____

Does your organization provide volunteer opportunities for individuals in the community? Yes No, not at this time

If yes, please select the two (2) most critical areas in which volunteers may make a meaningful contribution in your organization. Please complete one (1) form for each area chosen:

- | | | |
|--|---|---|
| <input type="checkbox"/> Administrative/Office | <input type="checkbox"/> Crafts/Hobbies | <input type="checkbox"/> Mentors/Tutors |
| <input type="checkbox"/> Animal Care/Services | <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Minor Home Repair |
| <input type="checkbox"/> Child/Youth Development | <input type="checkbox"/> Donation Pick-up/Sorting | <input type="checkbox"/> PR/Communications |
| <input type="checkbox"/> Childcare/Daycare | <input type="checkbox"/> Food Prep/Delivery/Serving | <input type="checkbox"/> Seasonal/Holiday Events |
| <input type="checkbox"/> Companion/Visiting | <input type="checkbox"/> Fundraising/Special Events | <input type="checkbox"/> Telephone Counseling |
| <input type="checkbox"/> Computer/Technology | <input type="checkbox"/> Maintenance/Yard Work | <input type="checkbox"/> Other (<i>use Description below</i>) |

DESCRIPTION OF VOLUNTEER OPPORTUNITIES

(Please provide a brief explanation of the volunteer service selected above.)

Does your organization offer group volunteer projects (e.g. corporate, civic, church, youth)? Yes No

Does your organization accept families with children as volunteers? Yes No

Does your organization accept youth volunteers? Yes No Minimum age:

Does your organization accept court-referred volunteers? Yes No

Does your organization require criminal background checks? Yes No

VOLUNTEER CONTACT: *(if available)* _____

VOLUNTEER CONTACT PHONE NUMBER: *(if different from main number)* _____

VOLUNTEER CONTACT EMAIL: _____

VOLUNTEER OPPORTUNITIES ARE OFFERED AT THESE LOCATION(S): ___ Available at Main Office

(List names of sites/locations that utilize volunteers)

