



## CARROLLTON CARES Religious Organization Registration

Date: \_\_\_\_\_

### **CONTACT INFORMATION** *(Please Print)*

Religious Organization Name:

Religious Organization Address:

Main Phone #

Email

Website

### **Primary Contact**

Name

Title:

Day Phone:

Evening Phone:

Email:

### **Volunteer Coordinator**

Name

Title:

Day Phone:

Evening Phone:

Email:

## Contact Information

### **Religious Organization Staff/ Group Leaders**

Please provide us with the names and contact information of the organization's staff and potential group leaders who will be in charge of mission outreach. Required to have at least 3 member contacts.

Name: \_\_\_\_\_  
Title/ Subcommittee: \_\_\_\_\_  
Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Name: \_\_\_\_\_  
Title/ Subcommittee: \_\_\_\_\_  
Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Name: \_\_\_\_\_  
Title/ Subcommittee: \_\_\_\_\_  
Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

### **WHAT TYPES OF VOLUNTEER/FUNDRAISING PROJECTS ARE YOU CURRENTLY INVOLVED WITH?**

Please describe current volunteer, outreach and fundraising projects your church has:

### **TYPES OF PROJECTS THAT YOUR ORGANIZATION IS INTERESTED IN:**

Check all that apply:

Maintenance & Housing Rehab

- Yard Work
- Painting
- Fence Repair
- Siding Repair/ Replacement
- Trim/ Fascia Repair/ Replacement
- Other

Programs

- Homelessness
- Youth
- Animals
- Environment
- Community Gardens
- Education
- Fundraising
- Rental Assistance
- Seniors
- Cultural Diversity
- Food/Clothes/ School Supply Drives
- Other:

**HOW MANY PROJECTS DOES YOUR CHURCH ORGANIZATION WANT TO DO A YEAR?**

Check all that apply:

- 1 a year
- 2-5 a year
- 6-10 a year
- 10 or more
- Other:

**HOW MANY VOLUNTEERS WOULD BE AVAIABLE FOR EACH PROJECT?**

(Please describe on average how many volunteers you could organize per event)

**DO YOU HAVE A MEMBER OF THE GROUP THAT IS WILLING TO LEAD THE PROJECT SITE?**

Yes

No

If yes, what type of skills/ training do they have:

**PROJECT LOAD INTENSITY:**

Choose all that apply:

- Easy
- Medium
- Hard
- Difficult

**DO YOU HAVE TOOLS THAT CAN BE USED TO COMPLETE PROJECTS?  
OR THE ABILITY TO GET TOOLS REQUIRED FOR PROJECTS?**

Yes

No

**DO YOU HAVE AN ANNUAL WORK DAY?**

Yes

No

If yes, then when?

**AVAILABILITY/WHAT DAYS IS THE GROUP INTERESTED IN WORKING?**

(Please check all that apply)

	Monday	Tuesday	Wed	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**OTHER COMMENTS**

Thank you for registering your organization with the City of Carrollton. We look forward to working with you and your members. If you have any questions, please contact the Community Services Office at 972-466-4299.

City of Carrollton  
Community Development Department – Neighborhood Partnership Office  
PO BOX 110535  
Carrollton, TX 75011