# CARROLLTON CARES Businesses





Date:					
CONTACT INFORMATION (Please Print)					
Business Name:					
Business Address:					
Main Phone #	Email				
Website					
Primary Contact					
Name	Title:				
Day Phone:	Evening Phone:				
Email:					
Volunteer Coordinator Name	Title:				
Hamo	Tiuo.				
Day Phone:	Evening Phone:				
Email:					

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

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

#### PROJECT LOAD INTENSITY:

Choose all that apply:

Easy

Medium

Hard

Difficult

#### 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:

Chec	k all that apply:
	1 a year
	2-5 a year
	6-10 a year
	10 or more
	Other
	W MANY VOLUNTEERS WOULD BE AVAIABLE FOR EACH PROJECT as describe on average how many volunteers you could organize per event)
	YOU HAVE A MEMBER OF THE GROUP THAT IS WILLING TO LEAD PROJECT SITE?
	Yes
	Yes No
	No If yes, what type of skills/ training do they have:
	No If yes, what type of skills/ training do they have: YOU HAVE TOOLS THAT CAN BE USED TO COMPLETE PROJECTS?
	No  If yes, what type of skills/ training do they have:  YOU HAVE TOOLS THAT CAN BE USED TO COMPLETE PROJECTS? THE ABILITY TO GET TOOLS REQUIRED FOR PROJECTS?
OR <sup>-</sup>	No If yes, what type of skills/ training do they have: YOU HAVE TOOLS THAT CAN BE USED TO COMPLETE PROJECTS? THE ABILITY TO GET TOOLS REQUIRED FOR PROJECTS? Yes
OR <sup>-</sup>	No If yes, what type of skills/ training do they have: YOU HAVE TOOLS THAT CAN BE USED TO COMPLETE PROJECTS? THE ABILITY TO GET TOOLS REQUIRED FOR PROJECTS?  Yes No
OR <sup>-</sup>	No If yes, what type of skills/ training do they have: YOU HAVE TOOLS THAT CAN BE USED TO COMPLETE PROJECTS? THE ABILITY TO GET TOOLS REQUIRED FOR PROJECTS?  Yes No YOU HAVE AN ANNUAL VOLUNTEER WORK DAY?

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

(Please check all that apply)

	Monday	Tuesday	Wed	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

## INSTEAD OF, OR ALONG WITH, PROVIDING VOLUNTEERS WOULD YOUR BUSINESS BE INTERESTED IN MAKING MONETARY OR IN KIND DONATIONS? WHAT WOULD YOU BE WILLING TO DONATE?

Supplies and	d Materials
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Food

Tools

Give-away or raffle items

Other

#### OTHER COMMENTS

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

City of Carrollton - Neighborhood Partnership Office Community Development Division PO BOX 110535 Carrollton, TX 75011