



Volunteer Emergency Families for Children (VEFC)

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E-Mail: centraloffice@vefc.org • Website: www.vefc.org

Application for New Program Development

Agency Name: _____

Director: _____

Address: _____

City/County: _____ State: _____ Zip Code: _____

Phone #: (_____) _____ E-Mail: _____

1. How did you hear about VEFC? _____

2. Why does your Agency want to have a VEFC Program Established? _____

3. Does your Agency utilize Volunteers in any other capacity? _____

Please Explain: _____

4. Does your Agency have a *Volunteer Coordinator* or other Staff Person responsible for Volunteer Programs? _____

Name: _____

Phone Number: (_____) _____

5. Please describe your Agency and include Staff Size, Number of Case/Probation Workers, Administrative Staff, Functions within your Community, etc.

6. VEFC Mobilizes the Public, Private, Religious, Business, and Civic Groups within your Community. List below Individuals from your Community who you feel would be Interested in Helping Establish a VEFC Program.

- | | |
|----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |

7. What Resources for providing needed Shelter Care Services to Children/Youth Currently Exist within your Community?

8. How are these Facilities/Resources utilized by your Agency?

9. Based on Knowledge of your Community, List by Name, Financial Resources that would be available to Help Fund a VEFC Program (Clubs, Businesses, Foundations, United Way, Etc.).

- | | |
|----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |

Form Completed By:

Name: _____ Title: _____

Phone Number: (_____) _____