



Fort Bend Junior Service League
PO Box 17387 Sugar Land, TX 77496
Phone: (281) 636-6272 • Fax: (713) 559-8363
E-mail: President@fbjssl.com • www.fbjssl.com

Volunteer Core Placement Application

A core placement is a charitable organization that the Fort Bend Junior Service League has chosen to support by providing volunteers (FBJSL members) to serve the agency on a monthly basis. A core placement must be located in Fort Bend County with services being provided to Fort Bend County residents.

MISSION STATEMENT:

The Fort Bend Junior Service League is an organization of women committed to promoting volunteerism, to developing the potential of women and to improving the Fort Bend County community through the effective action and leadership of trained volunteers. Our purpose is exclusively educational and charitable as well as providing an atmosphere of friendliness, goodwill and camaraderie for all members.

Agency Name

Contact Person

Telephone

Email Address

Mailing Address

Street Address (if different)

Website Address

Fax Number

Executive Director

Telephone

Email Address

Volunteer Coordinator	Telephone	Email Address
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Board Chair	Telephone	Email Address
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Please check one of the following:

New Agency (An agency with no prior relationship with the FBJSL)

Prior Relationship Agency (An agency with a prior FBJSL relationship but no current relationship)

Last year of FBJSL relationship: _____

FBJSL Event Beneficiary for current 2009-2010 year

Please ensure all of the below materials are included in your packet:

- 501 (c) 3 status letter
- Financial Statement
- Current List of Board of Directors
- If you have additional information related to your agency that may be helpful to FBJSL in reviewing your application, please feel free to include it.

1. Please describe the Purpose/Mission of your agency:

2. Please describe the Programs/Services provided by your agency:

3. Please describe the geographic areas and client populations served by your agency:

4. Please briefly summarize your past and present affiliation, if any, with FBJSL:

5. What are the numbers of volunteers requested by your agency?

_____ Minimum Needed _____ Maximum Needed

**The minimum number of volunteers requested should accurately reflect the minimum needed to successfully carry out your program. When determining a maximum, keep in mind that all volunteers must be able to complete fifty-four (54) hours of meaningful volunteer work (including training) or an average of 6 hours per month.*

6. Briefly describe the projects/jobs for which you are requesting FBJSL volunteers. What will they be doing? How will they schedule their volunteer work? What kind of schedule will it be? Will it be flexible and they can work anytime (during the day, after work, on the weekends)? Please keep in mind that each volunteer commits a minimum of 54 hours per League year (September to May) to her placement. Please attach a separate sheet of paper if necessary.

7. What training will you offer FBJSJL volunteers? Please be specific as to who will conduct the training, where and when it will be held and what tools or training materials will be used.

8. Where will FBJSJL volunteers work? What kind of security do the volunteer work sites offer? i.e., adequate lighting after dark, escort, etc.)?

9. How will you supervise FBJSJL volunteers?

10. How will you evaluate the impact of FBJSJL volunteers on your program? Please be specific as to what tools you will use and what measureable outcomes you are looking for.

11. What, if any, out-of-pocket expenses will be incurred by FBJSJL volunteers (i.e., uniforms, parking, supplies, etc.)?

12. What percentage of your total volunteer force would FBJSJL volunteers comprise if your maximum volunteer request were granted?

Application is hereby made this ____ day of _____, 20____.

Signature of Authorized Agency Representative

Printed Name

Title