

**University of Connecticut  
Office of Community Outreach  
New Agency Profile Form**

**Agency Name:**

---

**Program Name:**

---

**Address1:**

---

**Address 2:**

---

**City:**

---

**State:**

---

**Zip:**

---

**Phone:**

---

**Extension:**

---

**Fax:**

---

**Website:**

---

**Agency/program description including mission and services:**

---

---

---

---

---

---

---

---

**Agency Contact Information:**

<u>Contact Name</u>	<u>Position/Title</u>	<u>Email</u>	<u>Phone</u>	<u>Select the Primary Contact Person</u>
<hr/>	<hr/>	<hr/>	<hr/>	<input type="checkbox"/>
<hr/>	<hr/>	<hr/>	<hr/>	<input type="checkbox"/>
<hr/>	<hr/>	<hr/>	<hr/>	<input type="checkbox"/>

**Please continue to page 2**

When completed, please return this form to - and direct any inquiries to:

Office of Community Outreach  
2110 Hillside Road, Unit-3008  
Storrs, CT 06269-3008  
Phone: (860) 486-1165 Fax: (860) 486-4484

**University of Connecticut  
Office of Community Outreach  
New Agency Profile Form**

Page 2

**Please tell us more about your organization:**

**Your organization has volunteer opportunities available** (Please check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Individuals   | <input type="checkbox"/> Medium Groups (5-10 people) |
| <input type="checkbox"/> Small Groups (2-5 people)   | <input type="checkbox"/> Large Groups (11+ people)   |
| <input type="checkbox"/> Yes, my organizations accepts individuals with court mandated community service |  |

**Please identify appropriate populations which your organization focuses** (Please check all that apply)

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Preschool                         | <input type="checkbox"/> College             | <input type="checkbox"/> Incarcerated             | <input type="checkbox"/> Non-English Speaking/ESL |
| <input type="checkbox"/> Elementary                        | <input type="checkbox"/> Adult               | <input type="checkbox"/> Homeless                 | <input type="checkbox"/> Female                   |
| <input type="checkbox"/> Middle                            | <input type="checkbox"/> Elderly             | <input type="checkbox"/> Low Income               | <input type="checkbox"/> Male                     |
| <input type="checkbox"/> High School                       | <input type="checkbox"/> Physically Disabled | <input type="checkbox"/> Developmentally Disabled |   |
| <input type="checkbox"/> Specific Race or Ethnicity: _____ |  |   |   |
| <input type="checkbox"/> Other: _____                      |  |   |   |

**Please identify all of the social issues which your organization directly focuses** (Please check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Conflict Resolution           | <input type="checkbox"/> Mentoring                | <input type="checkbox"/> Equity                    |
| <input type="checkbox"/> Business/Economic Development | <input type="checkbox"/> Mental Health            | <input type="checkbox"/> Higher Education          |
| <input type="checkbox"/> Environment                   | <input type="checkbox"/> Multicultural issues     | <input type="checkbox"/> Ministry                  |
| <input type="checkbox"/> Health/Health Care            | <input type="checkbox"/> Parenting/child care     | <input type="checkbox"/> Public Policy             |
| <input type="checkbox"/> HIV/AIDS                      | <input type="checkbox"/> Public Arts/Theater      | <input type="checkbox"/> Arts                      |
| <input type="checkbox"/> Housing/Homelessness          | <input type="checkbox"/> Literacy/Reading/Writing | <input type="checkbox"/> Civil/Human Rights        |
| <input type="checkbox"/> Hunger/Food                   | <input type="checkbox"/> Sexual                   | <input type="checkbox"/> Labor                     |
| <input type="checkbox"/> Immigrants/migrant            | <input type="checkbox"/> Substance                | <input type="checkbox"/> Crime                     |
| <input type="checkbox"/> International                 | <input type="checkbox"/> Education                | <input type="checkbox"/> Disaster/Emergency Relief |
| <input type="checkbox"/> Legal Aid                     | <input type="checkbox"/> Urban Development        | <input type="checkbox"/> Gay/Lesbian/Transgender   |
| <input type="checkbox"/> Athletics and Recreation      | <input type="checkbox"/> Disabilities             | <input type="checkbox"/> Political/Advocacy        |
| <input type="checkbox"/> Employment                    | <input type="checkbox"/> Technology               |  |
| <input type="checkbox"/> Other: _____                  |   |  |

**Please use the following space for any other information you would like to provide us about your organization.**

**THANK YOU!**

---

When completed, please return this form to - and direct any inquiries to:  
Office of Community Outreach  
2110 Hillside Road, Unit-3008  
Storrs, CT 06269-3008  
Phone: (860) 486-1165 Fax: (860) 486-4484