

### SOURCE CBO Partnership Application

Name of Organization: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Neighborhood (i.e. East Baltimore, Fells Point, Federal Hill, Timonium, etc.): \_\_\_\_\_

Web Site (if applicable): \_\_\_\_\_

**Person Responsible for Organizing Volunteers, Interns** (Volunteer Coordinator, Manager, etc.)

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Leadership Contact** (Executive Director, Director, CEO, CMO, etc.)

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Briefly describe the **Mission** of your organization:

Does your organization have a current 501(c)3 status?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your organization focus on community health issues?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your organization have a board?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is your organization located in Baltimore?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>*If you answer NO to any of these questions, please contact SOURCE before sending an application.</i>		

Check the type of volunteer/involvement opportunities that are available with your organization:

- |  |  |
|--|--|
| <input type="checkbox"/> One-time  | <input type="checkbox"/> Internships   |
| <input type="checkbox"/> On-going  | <input type="checkbox"/> Federal Work-Study Opportunities (pay: Org 25% / Govt 75% ) |
| <input type="checkbox"/> e-Volunteering (computer/internet based)  | <input type="checkbox"/> Special Projects  |
| <input type="checkbox"/> Academic Involvement Opportunities (requires community preceptor who identifies as a public health professional with interest/time/ability to work with students. Name: _____ ) |  |

Please check the populations that your organization serves (*check all that apply*):

- |   |   |
|---|---|
| <input type="checkbox"/> Youth  | <input type="checkbox"/> Senior Citizens                  |
| <input type="checkbox"/> Families                                     | <input type="checkbox"/> Women/Girls                      |
| <input type="checkbox"/> Men/Boys                                     | <input type="checkbox"/> People with HIV/AIDS             |
| <input type="checkbox"/> Animals/Pets                                 | <input type="checkbox"/> People with Disabilities         |
| <input type="checkbox"/> Gay, Lesbian, Bisexual, Transgender          | <input type="checkbox"/> Alcohol and Drugs                |
| <input type="checkbox"/> Homeless                                     | <input type="checkbox"/> Low Income                       |
| <input type="checkbox"/> General Public                               | <input type="checkbox"/> Specific health condition: _____ |
| <input type="checkbox"/> Specific Racial/Ethnic/Cultural Group: _____ | <input type="checkbox"/> Other: _____                     |

How should your organization be categorized in our SOURCE records? (*Select up to 2 categories*)

- |  |   |
|--|---|
| <input type="checkbox"/> Advocacy Organization               | <input type="checkbox"/> Chronic/Infectious Disease         |
| <input type="checkbox"/> Community Clinics/Hospitals         | <input type="checkbox"/> Community/Neighborhood Development |
| <input type="checkbox"/> Cultural and Ethnic                 | <input type="checkbox"/> Disability                         |
| <input type="checkbox"/> Environment                         | <input type="checkbox"/> Faith-Based                        |
| <input type="checkbox"/> Gay, Lesbian, Bisexual, Transgender | <input type="checkbox"/> Mental Health                      |
| <input type="checkbox"/> Public Schools                      | <input type="checkbox"/> Tutoring and Mentoring             |
| <input type="checkbox"/> Senior Citizens                     | <input type="checkbox"/> Social Issues                      |
| <input type="checkbox"/> Women                               | <input type="checkbox"/> Youth                              |
|  | <input type="checkbox"/> Other _____                        |

Please list any relationships you have with faculty from our schools:

Please describe the type of assistance that your organization could utilize, and list specific duties:

Please specify any requirements for volunteers at your organization (*age, abilities, languages, etc*)

Do you require specific time commitments from volunteers?  YES  NO

*If YES, please specify:*

Will volunteers receive any specific training?  YES  NO

Do you have a volunteer application?  YES  NO

*\*\*\*If YES, please include a copy of the application that we can have on file in our center.*

Please check the days of the week that students can volunteer with your organization:

Mon  Tues  Wed  Thurs  Fri  Sat  Sun  Special Event Hours

Please check the time of day that students can volunteer with your organization:

morning  afternoon  evening  Special Events Hours

If you have specific days of the week / times that volunteers are needed, please specify here:

**TRANSPORTATION QUESTIONS:**

Is your organization in walking distance from the East Baltimore Hopkins campus?

(*615 N. Wolfe Street, Baltimore, MD 21205*)?  YES  NO

If a volunteer does not possess his/her own transportation, is it possible to access your organization by public transportation?  YES  NO

*\*If YES, please specify the routes (JHU shuttle stop, bus, metro, light rail, etc.) that can be utilized to reach your organization:*

Is parking available at your organization?  YES  NO

If YES, is parking available FREE of CHARGE?  YES  NO

**I have read and agree to the Mutual Expectations laid out by SOURCE for becoming a partnering community-based organization (CBO) within SOURCE's network.**

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Please return form to:** Johns Hopkins University  
SOURCE (Student Outreach Resource Center)  
2017 E. Monument St.  
Baltimore, MD 21205-2179  
**or fax to SOURCE at 410-502-2736; email to [source@jhsph.edu](mailto:source@jhsph.edu)**

**Don't forget to include the following information:**

- Driving or walking directions*
- Brochure/pamphlet describing your CBO*
- A copy of your volunteer application*
- Any additional materials about volunteer opps*

**Additional Note to Applicants:** Please review our Partnership Criteria. We are unable to partner with all organizations that apply. Applications can take some time to process, particularly during busy periods. See our website for the full details about the application process: [www.jhsph.edu/SOURCE/CBOs/BecomePartner.html](http://www.jhsph.edu/SOURCE/CBOs/BecomePartner.html)