



# JUNIOR LEAGUE OF FORT MYERS

Promoting *Voluntarism*,

Developing the *Potential* of women,

Improving our *Communities...*

## Community Partner Application 2008-09

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Agency Name

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Contact Person

Telephone

Email Address

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Mailing Address

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Street Address (if different)

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Internet Site Address

Facsimile (FAX) Number

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Executive Director

Telephone

Email Address

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Volunteer Coordinator

Telephone

Email Address

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Board Chair

Telephone

Email Address

Please check one of the following:

- New Agency (Any agency with no prior relationship with the JLFM)
- Prior Relationship Agency (An agency with a prior JLFM relationship but no current relationship;  
Last year of JLFM relationship \_\_\_\_\_)
- Current Relationship (A current 2007-2008 year JLFM project)

**Please return by June 30 to**

**Junior League of Fort Myers**

**Attn: Community Vice President**

**12995 South Cleveland Avenue, Suite 157,**

**Fort Myers, Florida 33907**

**Email: [communityvp@jlfm.org](mailto:communityvp@jlfm.org) / Office Phone: 239-277-1197**

**SECTION I. AGENCY OVERVIEW (To be completed by all applicants)**

A. Agency Purpose/Mission:

B. Agency Programs/Services:

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C. Agency geographic areas served:

D. Agency client populations served:

E. Please briefly summarize your past and present affiliation, if any, with The Junior League of Fort Myers:

F. Briefly describe how your organization fits the Junior League's mission of helping women and children in the community.

## SECTION II. PROJECT REQUEST

- A. Number of Volunteers Requested: 2008 to 2009 \_\_\_\_\_ Minimum Needed  
\_\_\_\_\_ Maximum Needed
- B. Briefly describe the projects/jobs for which you are requesting JLFM volunteers. What will they be doing? Do you have a one-time need or a need for volunteers on a continual basis? Help us understand exactly what the JLFM volunteer will be signing up to do with your Agency.
- C. Could the JLFM assist you by collecting supplies for your organization (i.e. canned food drive, book drive)? Please specify.
- D. What training will you offer JLFM 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.
- E. Where will JLFM volunteers work? What kind of security do the volunteer work sites offer? (i.e., adequate lighting after dark, escort, etc.)?
- F. How will you supervise JLFM volunteers?
- G. How will you evaluate the impact of JLFM volunteers on your program? Please be specific as to what tools you will use and what measurable outcomes you are looking for.
- H. What, if any, out-of-pocket expenses will be incurred by JLFM volunteers (i.e., uniforms, parking, supplies, etc.)?
- I. What would the JLFM's financial obligation to this project?