



Love, Serve, Share!

Philanthropy

Name: _____

Address: _____

Phone Number: _____ Email: _____

Is the Philanthropy a 501 C 3? _____

Point of Contact at Philanthropy

Name: _____

Phone Number: _____ Email: _____

CATS Advisory Board Member Liaison

Name: _____

Phone Number: _____ Email: _____

Volunteer Description

Description of Volunteer Duties:

Has the Advisory Board Member served at this philanthropy? _____

Service Hours to be earned for volunteering at this philanthropy: _____

Will the hours to be earned vary? _____ If yes, explain _____

Location where volunteers serve? _____

CATS Philanthropy Approval Form

Could the service location vary? _____ If yes, explain _____
What is the estimated drive time to the location where volunteers will serve? _____

Describe the expected frequency of volunteer needs. (Please indicate if volunteer needs are seasonal or ongoing throughout year.)

Does this philanthropy request donations of items or money? _____

If yes, please explain: _____

Concerns or special considerations: _____

