

JLA Community Project Application 2018-2019

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I. Contact Information

Entry Id

Name:

Address:

Phone Number:

Fax Number:

Website Address:

Office Hours:

Executive Director Contact:

Executive Director's Name:

Executive Director's E-mail:

Person Submitting Application:

Name:

Title:

Submitter's E-mail:

Phone Number:

**Person Responsible for
Volunteers:**

Name:

Title:

E-mail:

Financial Contact:

Phone Number:

Name:

Title:

E-mail:

Phone Number:

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II. Non-Profit Information

Year Founded:

Current Board of Directors & affiliations:

Non-Profit Description & Mission:

Primary area of impact for your non-profit:

1. Arts & Advancement

2.Education

3.Environment

4. Health & Wellbeing

5.Poverty/Self-Sufficiency

6.Safety & Crisis Intervention

7.Other

How many clients do you serve annually?

How many volunteers do you have annually at your non-profit?

Briefly describe the community impact of your non-profit, including your clients or beneficiaries and how they make use of your services:

List any JLA members associated with your non-profit (both currently and in the past):

Briefly explain how The Junior League of Austin volunteers would improve or expand your services:

Is this your first time to apply to become a Community Project of The Junior League of Austin?

Have you ever been a Community Project with The Junior League of Austin?

If you have been a Community Project, please select the year(s):

- | |
|------------------------------|
| A.Current (2015-2016) |
| B. 2014-2015 |
| C.2013-2014 |
| D.2012-2013 |

E.2011-2012
F.2010-2011
Prior to 2010

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III.Financial Information

Total Amount of Funds Requested:

PROJECT BALANCE SHEET
template

TOP 10 NON-GOVERNMENTAL
FUNDING SOURCES template

Please tell us a strategic reason for
The Junior League of Austin to
consider funding this Community
Project:

Should The Junior League of
Austin not be able to grant your
entire request, please help us
understand the financial needs
within your agency by prioritizing
your financial request. We know
that as a non-profit you need every
dollar requested, however, we
have limited funds to grant each
year and should cuts need to be
made, we want to make every
effort to make those cuts with your
help and guidance.

Date Created

IV. Placement Information

Placement One

Placement Title, One:

Number of Volunteers Needed
(exact #, no range)

What TYPE of placement is
needed?

What CATEGORY is this
placement?

When are shifts available? (check
all that apply)

- M-F, 8 a.m.-5 p.m.
- M-F, after 5 p.m.
- Sat., 8 a.m.-5 p.m.
- Sat., after 5 p.m.
- Sun., 8 a.m.-5 p.m.
- Sun., after 5 p.m.
- Unknown at this Time

What day are shifts available?

Shift Time (i.e. 5-7 p.m.)

Placement Description (please explain, in detail, what our volunteers will be doing)

Volunteer Development (what skills and/or knowledge will JLA volunteers gain in this placement?):

List skills necessary or mandatory for this placement:

Would this placement benefit from a Spanish-speaking volunteer?

Please indicate any restrictions or requirements for this placement: (check all that apply)

Training
Immunizations
Background Check
Pregnancy Restrictions
Other

Is there any other information we need to know regarding this Placement?

Do you have another Placement Description entry?

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Placement Two

Placement Title, Two:Number of Volunteers Needed
(exact #, no range)

What TYPE of placement is needed?

What CATEGORY is this placement?

When are shifts available? (check all that apply)

M-F, 8 a.m.-5 p.m.

M-F, after 5 p.m.

Sat., 8 a.m.-5 p.m.

Sat., after 5 p.m.

Sun., 8 a.m.-5 p.m.

Sun., after 5 p.m.

Unknown at this Time

What day are shifts available?

Shift Time (i.e. 5-7 p.m.)

Placement Description (please explain, in detail, what our volunteers will be doing)

Volunteer Development (what skills and/or knowledge will JLA volunteers gain in this placement?):

List skills necessary or mandatory for this placement:

Would this placement benefit from a Spanish-speaking volunteer?

Please indicate any restrictions or requirements for this placement: (check all that apply)

Training

Immunizations

Is there any other information we need to know regarding this Placement?

Do you have another Placement Description entry?

Background Check

Pregnancy Restrictions

Other

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Placement Three

Placement Title, Three:

Number of Volunteers Needed
(exact #, no range)

What TYPE of placement is needed?

What CATEGORY is this placement?

When are shifts available? (check all that apply)

M-F, 8 a.m.-5 p.m.

M-F, after 5 p.m.

Sat., 8 a.m.-5 p.m.

Sat., after 5 p.m.

Sun., 8 a.m.-5 p.m.

Sun., after 5 p.m.

Unknown at this Time

What day are shifts available?

Shift Time (i.e. 5-7 p.m.)

Placement Description (please explain, in detail, what our volunteers will be doing)

Volunteer Development (what skills and/or knowledge will JLA volunteers gain in this placement?):

List skills necessary or mandatory for this placement:

Would this placement benefit from a Spanish-speaking volunteer?

Please indicate any restrictions or requirements for this placement: (check all that apply)

Training

Immunizations

Background Check

Pregnancy Restrictions

<div></div> <div>Is there any other information we need to know regarding this Placement?</div> <div>Do you have another Placement Description entry?</div>

Other

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V. Finalizing Your Application

Total # of requested Volunteers (sum from all placement descriptions)
Non-Profit Name:
Contact Name & Title:
Email for Person Submitting Application:
Date Created

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