

## Community of Caring Non-Profit Participant Form

The mission of Community of Caring is to improve the quality of health and wellbeing in our community with compassionate care by partnering to fill the most basic needs of food security, shelter and safety, and addiction recovery so that medical and mental health needs can also be met. We want to support your work with Community of Caring Drives and Volunteer Days. To accept this invitation to participate, please complete this form, attach a W9, and return to the email below.

### Organization Information

Organization Name:

Address:

Phone:

Email:

Participants must have these documents on file and available. Please check the boxes that apply.

- W-9
- Copy of IRS Exemption or Form 990
- Donation Receipts

### Contact Information

First and Last Name

Title

Phone

Email

Best phone number and email to receive correspondence from Caring Drive donors and Volunteer Day coordinators:

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Best times to receive calls from donors: \_\_\_\_\_

### Organization Details

Website and Social Media addresses where additional information about your organization can be found:

Web Address: \_\_\_\_\_ Facebook: \_\_\_\_\_

What is your mission and vision?

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What services or items do you provide that meet the needs of people in the **Searcy Community**? Check all that apply.

- Housing or Shelter for the homeless or domestic abuse victims
- Food/Food Bank
- Foster Care Support
- Assistance with utility bills
- Domestic Abuse
- Job Placement
- Medical and Health related
- Please list all other services provided

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How many people do you provide services to monthly? Yearly?

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What are your organization's supply needs as you care for people in the Searcy community? (Be sure to list any general needs as well as specific or special needs.)

- Nonperishable foods
- Personal care items- deodorant, soap, toothpaste, toothbrushes, hairbrushes, combs
- Infant care items- diapers, wipes, ointments
- Feminine products
- Linens- towels, wash clothes, sheets, blankets
- Pillows
- Tents/Sleeping bags
- Other

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What are your organization's monetary needs as you care for the people in the community? (List some specific needs that require monetary funds.)

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What are your organization's volunteer needs? List small and large projects, day-to-day needs, specialized work, group opportunities, seasonal opportunities, etc.

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For the people you serve, are there unmet medical and or mental health needs. Please explain.

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We are compiling a packet of resources. We want to include your organization's services. Please include a phone number and address for the best way for your services to be *obtained* by those in need.

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Please list any additional information we should share with Caring Drive and Volunteer Day coordinators.

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Please list any additional information we should include in the Resource Packet.

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**Please submit a W9 with this form and email to [jennifer.skinner@unity-health.org](mailto:jennifer.skinner@unity-health.org). You will receive a confirmation email with additional information. For questions or more information, please call (501)278.3230 or email [jennifer.skinner@unity-health.org](mailto:jennifer.skinner@unity-health.org). Thank you!**