



SERVICE PROVIDER INFORMATION – PAGE ONE

Provider Name (Required): _____

Common Name (AKA): _____

Service Provider Description/ Overview (Required): _____

Provider Type:	<input type="checkbox"/> For-Profit	<input type="checkbox"/> Government (Federal)	<input type="checkbox"/> Non-Profit 501(c)(3)
(Required)	<input type="checkbox"/> Government (City)	<input type="checkbox"/> Government (Other)	<input type="checkbox"/> Private Education
	<input type="checkbox"/> Government (City-County)	<input type="checkbox"/> Government (State)	<input type="checkbox"/> Public Education
	<input type="checkbox"/> Government (County)	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Religious Affiliate

Funding Sources:	<input type="checkbox"/> City Government	<input type="checkbox"/> Job Training	<input type="checkbox"/> State Government
	<input type="checkbox"/> County Government	<input type="checkbox"/> Partnership Act (WIA)	<input type="checkbox"/> Township Government
	<input type="checkbox"/> Donations	<input type="checkbox"/> Membership Dues	<input type="checkbox"/> United Way
	<input type="checkbox"/> Federal Government	<input type="checkbox"/> Private Organization	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Foundation Funding	<input type="checkbox"/> Service Fees	

License Type: _____	License Number: _____
License Type: _____	License Number: _____
License Type: _____	License Number: _____

Physical Address:

Line 1: _____

Line 2: _____

City (Required): _____ State: _____ Zip Code (Required): _____

Should physical address show on web site? Check one (Required): YES _____ NO _____

Mailing Address:

Line 1: _____

Line 2: _____

City (Required): _____ State: _____ Zip Code (Required): _____

Hours of Operation (Required): _____

Phone Number: _____	Fax Number: _____
Additional Number: _____	Type: _____
Additional Number: _____	Type: _____

Web Site: _____ Email: _____

Service Provider Staff Responsible for Verification and Routinely Updating Provider’s Information (Required)*:

Contact Name*: _____ Title*: _____

Phone Number*: _____ Email*: _____



LOCATION INFORMATION – PAGE TWO

The information below should correspond to the physical location of the office in which services are provided. If you have more than one location, please make appropriate copies before continuing.

Location # _____ Name: _____

Director Name (Required)*: _____ Title*: _____

Phone Number*: _____ Email*: _____

Location Contact Name*: _____ Title*: _____

Phone Number*: _____ Email*: _____

Address Line 1: _____

Address Line 2: _____

City (Required): _____ State: _____ Zip Code (Required): _____

Should physical address show on web site? Check one (Required): YES _____ NO _____

Phone Number: _____ Fax Number: _____

Additional Number: _____ Type: _____

Additional Number: _____ Type: _____

Email: _____

Hours of Operation (Required): _____

Accessibility Features (Check all that apply):

- Wheelchair Accessible, Accessible Main Entrance, Designated Handicapped Parking, Accessible for Disabled, Accessible Restrooms, Ramps, Full ADA Accessibility

Languages Other Than English: _____

Service Area (Required):

- Bucks, Atlantic, State of Pennsylvania, Other, Chester, Burlington, State of New Jersey, Delaware, Cape May, Montgomery, Camden, National, Philadelphia, Cumberland, World Wide

Service Area Description (Required if not serving the full county): _____

Return completed application to:

Sasha Reinoso, 2-1-1 Program Manager
1709 Benjamin Franklin Parkway
Philadelphia, PA 19103

Fax: 215-665-2531

Email: info@211sepa.org



SERVICE INFORMATION – PAGE THREE

The information below should correspond to ONE (1) service or program offered.
If you have more than one service or program, please make appropriate copies before continuing.

Service Name (Required): _____

Common Name (AKA): _____

Location(s) Service Provided (location # from Page Two): _____

Service Description (Required): _____

Eligibility (Required): _____

Fees (Required): _____

Application/ Intake (Required): _____

Documents Required: _____

Additional Information:

Would This Service Be Available During / After Disaster? YES _____ NO _____ POSSIBLY (Dependent On Disaster) _____

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1709 Benjamin Franklin Parkway
Philadelphia, PA 19103

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Email: info@211sepa.org



DONATION AND VOLUNTEER INFORMATION – PAGE FOUR

Does Your Organization Accept Donations of Material Resources? YES _____ NO _____

If YES, Please List Items Accepted:

Does Your Organization Offer Volunteer Opportunities? YES _____ NO _____ (If NO, do not fill out rest of form)

Volunteer Manager Name (Required)*: _____

Phone Number*: _____ Email*: _____

Are Any of the Following Services Provided by Your Organizations?:

- Volunteer Recruitment
- Volunteer Training
- Court-Ordered Community Service Referrals
- Volunteer Coordination
- RSVP Program
- Volunteer Placement

Check Off All Categories For Which Your Organization Offers Volunteer Opportunities (Required):

- | | | |
|---|--|--|
| <input type="checkbox"/> Animal Exercise | <input type="checkbox"/> Exercise/ Fitness Leader | <input type="checkbox"/> Medical Care |
| <input type="checkbox"/> Animal Foster Care/ Rescue | <input type="checkbox"/> Facility Design/ Construction | <input type="checkbox"/> Mentoring Services |
| <input type="checkbox"/> Animal Grooming | <input type="checkbox"/> Finance/Accounting | <input type="checkbox"/> Nature Trail |
| <input type="checkbox"/> Animal Shelter Attendant | <input type="checkbox"/> First Aid/CPR | <input type="checkbox"/> Nursing Care |
| <input type="checkbox"/> Board/ Committee Member | <input type="checkbox"/> Food Collection | <input type="checkbox"/> Painting/Wallpapering |
| <input type="checkbox"/> Business Assistance | <input type="checkbox"/> Food Sorting/Packing | <input type="checkbox"/> Paratransit Driver |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Friendly Telephoning | <input type="checkbox"/> Patient Support |
| <input type="checkbox"/> Classroom Aide | <input type="checkbox"/> Fundraising Event | <input type="checkbox"/> Pregnancy Related |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Gallery/Museum Sitting | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Coaching | <input type="checkbox"/> Grant Development | <input type="checkbox"/> Reading Encouragement |
| <input type="checkbox"/> Computer Literacy | <input type="checkbox"/> Guardians ad Litem | <input type="checkbox"/> Recreational Activities |
| <input type="checkbox"/> Crime Prevention | <input type="checkbox"/> Handyworker | <input type="checkbox"/> Respite/ Home Health Care |
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> Holiday - Event Entertainment | <input type="checkbox"/> Safety/Disaster Education |
| <input type="checkbox"/> Disaster - Damage Assessments | <input type="checkbox"/> Holiday - Food Delivery | <input type="checkbox"/> Search and Rescue |
| <input type="checkbox"/> Disaster - Food Services | <input type="checkbox"/> Holiday - Fundraising | <input type="checkbox"/> Sporting Event Monitor |
| <input type="checkbox"/> Disaster - Mental Health | <input type="checkbox"/> Holiday Gift - Food Drive | <input type="checkbox"/> Storytelling Volunteer |
| <input type="checkbox"/> Disaster - Service Center/ Hotline | <input type="checkbox"/> Holiday Gift - Toy Distribution | <input type="checkbox"/> Substance Abuse Prevention/ Treatment |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Home Visit | <input type="checkbox"/> Support Group Facilitation |
| <input type="checkbox"/> Donations Distribution | <input type="checkbox"/> Home/ Building Accessibility | <input type="checkbox"/> Thrift Shop Support |
| <input type="checkbox"/> Donations Sorting/ Packing | <input type="checkbox"/> Hospice Care | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Election | <input type="checkbox"/> Hospital/ Institutional Visit | <input type="checkbox"/> Usher/ Ticket Taker |
| <input type="checkbox"/> English Language Instruction | <input type="checkbox"/> Land Conservancy | <input type="checkbox"/> In Home Meal Preparation |
| <input type="checkbox"/> Equestrian Therapy | <input type="checkbox"/> Lawn Care | <input type="checkbox"/> Tax Assistance/ VITA Program |
| <input type="checkbox"/> Errand Running/ Shopping | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Volunteers |
| <input type="checkbox"/> Evacuation Center/ Shelter | <input type="checkbox"/> Literacy | <input type="checkbox"/> Telephone Reassurance |
| <input type="checkbox"/> Event Coordination | <input type="checkbox"/> Meal Delivery | <input type="checkbox"/> Transitional Housing/ Shelter |
| <input type="checkbox"/> Event Setup/ Cleanup | <input type="checkbox"/> Meal Preparation/ Serving | |

Are There Any Special Requirements Volunteers Must Meet To Volunteer With Your Organization?

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