UNITED WAY
Bemidji Area

ADOPT an AGENCY

PARTNER AGENCY INTEREST FORM

CONTACT INFORMATION:

AGENCY NAME: _____

CONTACT NAME: _____

CONTACT EMAIL: _____

CONTACT PHONE: _____

Agencies and businesses will be matched based on your answers, so please answer the following questions as detailed and thoroughly as possible.

Which of the following pre-assembled kits would be useful to your agency? (Please mark whether you would use them 'always', 'sometimes', 'rarely', or 'never'.)

1)	BIRTHDAY KIT	☐ ALWAYS	☐ SOMETIMES	☐ RARELY	☐ NEVER
2)	GRAB N' GO SNACK PACK	☐ ALWAYS	☐ SOMETIMES	☐ RARELY	☐ NEVER
3)	HYGIENE KIT	☐ ALWAYS	☐ SOMETIMES	☐ RARELY	☐ NEVER
4)	SCHOOL SUPPLIES KIT	☐ ALWAYS	☐ SOMETIMES	☐ RARELY	☐ NEVER

Please list your agency's volunteer needs, the average time commitment for each need, and the ideal frequency that the business would volunteer with your agency for each volunteer need.

Volunteer Needs/Opportunities	Average Time Commitment	Ideal Frequency of Volunteering (i.e., weekly, monthly, semi-monthly)

Is there any other information you can share to help us make the best match possible?
Please note that any information shared will be kept confidential.

☐ By checking this box, my agency commits to presenting at one local business, utilizing the kits provided by the program, and providing on-site volunteer opportunities for the matched business. An exit survey may be emailed to your agency contact person at the end of your commitment. Please email the completed form to Gretchen@UnitedWayBemidji.org