

Partner Agency Application

Agency Name: _____

Street: _____

City, ST, ZIP _____

Executive Director:

Name: _____

Phone: _____ FAX: _____

Mobile: _____ Email: _____

Staff Who Will Directly Supervise AmeriCorps Members:

Name1: _____ Title: _____

Phone: _____ FAX: _____

Mobile: _____ Email: _____

Name2: _____ Title: _____

Phone: _____ FAX: _____

Mobile: _____ Email: _____

Billing contact:

Name: _____ Title: _____

Phone: _____ FAX: _____

Mobile: _____ Email: _____

How did you find out about BAYAC? _____

How long has your program been in existence? _____

What is your program's annual Operating Budget? \$ _____

What groups and/or communities does your agency serve? _____

Please provide a brief description of services provided by your agency:

Number of AmeriCorps Members you would like to have at your site: _____

BAYAC members provide the following services. Which of these categories describe what they would do at your site (check all that apply):

- Tutoring/Academic Support
- After School Programming
- Service Learning
- Volunteer Coordination