

**Fort Bend Junior Service League**

PO Box 17387 Sugar Land, TX 77496

Phone: (281) 636-6272 • www.fbjsl.org

**MISSION STATEMENT:**

The Fort Bend Junior Service League is an organization of women committed to promoting volunteerism, to developing the potential of women and to improving the Fort Bend County community through the effective action and leadership of trained volunteers. Our purpose is exclusively educational and charitable as well as providing an atmosphere of friendliness, goodwill and camaraderie for all members.

**POSITION STATEMENT:**

Input from members of the Fort Bend Junior Service League shapes our position statement as follows below. This position statement, as well as our mission statement, serve as helpful guidelines as we review organizations applying for status as Core Placements. Core Placements are reviewed every two years.

**EDUCATION** We support and promote quality education and are committed to using our resources to positively impact education.

**HEALTH** We are committed to supporting quality and affordable health services, essential human services and comprehensive health education.

**HOMELESSNESS** We support comprehensive services and efforts to address homelessness of all types.

**PERSONS WITH DISABILITIES** We are committed to assisting persons with physical, mental and emotional disabilities, along with their caregivers.

**VIOLENCE** We are committed to the elimination of violence by supporting programs and services designed to understand the problem of violence, to assist, educate and protect the victims.

**Core Placement Application**

A core placement is a *charitable* *organization* *that* the Fort Bend Junior Service League has chosen to support by providing volunteers (FBJSL members) to serve the agency on a regular basis. A core placement must be located in *Fort Bend County* and must provide services to *Fort Bend County residents*.

**Please fill out this application and email the completed form to** **communityservice@fbjsl.com****.**

**Applications are due by January 11, 2019.**

**Agency Name:**

**Agency Contact, ( Telephone, Email Address):**

**Mailing Address:**

**Street Address (if different):**

**Website:**

**Year Founded:**

**Executive Director( Telephone, Email Address):**

**Volunteer Coordinator( Telephone, Email Address):**

**Board Chair ( Telephone, Email Address):**

1. **Does this agency have a prior relationship with FBJSL?**

 **\_\_\_\_ Yes**

 **\_\_\_\_ No**

1. **If yes, what is the nature of that relationship? Check all that apply.**
	1. **\_\_\_ Core Placement**
	2. **\_\_\_ Community Assistance Fund (CAF) Recipient**
	3. **\_\_\_ Event Beneficiary**
2. **Please describe the Purpose/Mission of your agency:**
3. **Please describe the Programs/Services provided by your agency:**
4. **Please describe the geographic areas and client populations served by your agency:**
5. **Please describe how your programs and mission match up with FBJSL’s position statements as outlined above:**
6. **How many FBJSL volunteers is your agency requesting?**

\_\_\_\_\_\_\_ Minimum Needed\* \_\_\_\_\_\_\_\_ Maximum Needed

 \**The minimum number of volunteers requested should accurately reflect the minimum needed to successfully carry out your program. When determining a maximum, keep in mind that volunteers must be able to complete fifty-four (54) hours of meaningful volunteer work (including training), or an average of 6 hours per month.*

1. **What percentage of the agency’s total volunteer force would be comprised of FBJSL volunteers if the maximum volunteer request were granted?**
2. **From what other organizations or sources do you receive volunteer support?**

1. **Briefly describe the projects/jobs for which you are requesting FBJSL volunteers. What will they be doing?**
2. **Do you need volunteers on a regular (weekly) basis or for 1-2 large events/projects annually?**
3. **How will the FBJSL volunteers schedule their volunteer work? Will the schedule be flexible or will they work the same days each week/month? Are weekend and/or evening volunteer opportunities available?**

Please keep in mind that each volunteer commits a minimum of 54 hours per League year (September to May) to her placement. Please attach a separate sheet of paper if necessary.

1. **What training will you offer the FBJSL volunteers? Please be specific as to who will conduct the training, where and when it will be held and what tools or training materials will be used. Advise if specific certifications are needed.**
2. **Where will the FBJSL volunteers work? What kind of security do the volunteer work sites offer?**

12. **How will the agency supervise the FBJSL volunteers?**

**13. How will the agency evaluate the impact of the FBJSL volunteers on the program? Please be specific as to what tools will be used and what measureable outcomes are desired.**

**14. What, if any, out-of-pocket expenses will be incurred by the FBJSL volunteers (i.e., uniforms, parking, supplies, etc.)?**

Application is hereby made this \_\_ day of \_\_20\_\_.

Signature of Authorized Agency Representative

Printed Name/ Title

**Please note: A site visit is required and will likely take place on a mutually agreeable date between January 14, 2019 and February 15, 2019.**