

~Contact/Resource Form~

TEAM WORKZ
~Together Everyone Accomplishments More~
"Resources Working Together As One"

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Email: TEAMWORKZ.director@gmail.com/ cell # (910)-639-4772

Name of Organization: _____

Your Name: _____

Position in Organization/Group: _____

Your Primary Phone: _____ other: _____

Address: _____
Street City St Zip

Email: _____

Primary Contact for Organization _____

Title _____

Phone _____ Email: _____

Address: _____
Street City St Zip

Organizations website: _____

Organization Mission:

What is the primary function of your organization/group?

Who/what is your target beneficiary of your service(s)?

How and where do you make resources available?

Primary location and hours of Operation:

Do you need additional assistance in acquiring materials, volunteers, or funds for your services?

If so, what / how much?

How many volunteers do you currently have on average?

What would be ideal # of Volunteers to better accomplish your mission?

Would you like TEAM WORKZ to offer your organization as a Resource for Volunteers to sign up with?

What other groups/organizations do you already cooperate with?

Do you have a 501c3 as a Non-profit organization?

Do you have paid staff and how many?

How long has your organization been active doing what you do?

NOTE below the areas of service as **O=Offering or N=Need**
Please use "O" or "N" so we can better assist your organization.

_____ Clothing

_____ Food/feeding Homeless

_____ Job search/placement

_____ Ministry to homeless

_____ Training/ Educational programs

_____ Legal assistance

_____ Medical/Dental/Mental health

_____ Substance Abuse Counseling

_____ Human trafficking

_____ Abuse/Sexual assaults

_____ Transportation (provide)

_____ Shelter/housing

_____ Veteran programs/assistance

_____ Youth/Family elements

_____ Elderly programs

_____ Providing Personal items for survival

_____ Fundraisers

List others you provide or need:

TEAM WORKZ looks forward to working with you. Use back of page or add additional notes here: