



### Southeast Ohio 2-1-1 Call Center

526 Putnam Ave., Zanesville, OH 43701  
Phone: 740-454-6872 Fax: 740-454-6875



## Agency/Organization Form

1. Name of Agency/Organization:

2. Street Address-Primary Location:

3. Mailing Address (if Different)

4. Phone and Fax Numbers:

- Main:
- Toll-Free:
- Fax:
- TTD/TTY:
- Other:

5. Email Address:

- Public:
- Other:

6. Web Site Address:

7. Office Hours:

8. Director's Name and Title:  
Director's Email Address:  
Director's Phone Number:

9. Other Contact Person:

## Agency/Organization Form Con't

10. Agency Type: (Check the one that applies)

- Not for Profit     For Profit     Church     Other: \_\_\_\_\_
- Public (City)     Public(State)     Public(County)     Public(Federal)

11. Counties you offer your service:

- Muskingum     Perry     Morgan     State of Ohio     Anyone

12. Is the building/office accessible to people with disabilities?     YES     NO

13. Briefly summarize your agency and its mission in one paragraph:

14. Would you like someone from our office to come speak with your staff about 2-1-1?     YES     NO

15. Does your organization have brochures?     YES     NO

*If yes, please provide your most recent brochures.*

16. May we include your organization in our online database?     YES     NO

Completed By Name and Title:

Date:

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**Please submit completed form to:**

Southeast Ohio 2-1-1 Call Center  
c/o Troy Alford, Resource Specialist  
526 Putnam Ave., Zanesville, OH 43701  
Phone: 740-454-6872 Fax: 740-454-6875  
talford211@unitedwayofmpm.org

## SERVICES AND PROGRAMS

Briefly describe any services or programs you offer. Copy this page if you have more than one service or program and/or to keep for your records.

Agency/Organization Name:	
Program/Service Name:	Is this a: <input type="checkbox"/> permanent or <input type="checkbox"/> Temporary service Timeline:
Program Manager/Contact Person:	Phone:
Program/Service Description:	
Eligibility Criteria ( <i>age, gender, place of residence, etc</i> ):	
Referral Instructions (When someone calls the 2-1-1 Information & Referral and wants to use the service, what is the procedure for referring them to your organization?) (Intake application, documents required, etc.)	
Fees:	Hours:
Who will call 2-1-1 to update us when the service or funding is no longer available? Name/Phone	

## Volunteer Opportunity

Briefly describe your Volunteer Opportunity. Please copy this page if you have more than one Volunteer Opportunity and/or to keep for your records.

Agency/Organization Name:	
Volunteer/Service Name:	Is this a: <input type="checkbox"/> One day event <input type="checkbox"/> Short term <input type="checkbox"/> Long term
Volunteer Contact Person name/phone number:	Time: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Weekend Hours:
Volunteer Opportunity Description: (Who/what/where/when and how)	
Eligibility Criteria ( <i>age, gender, restrictions, etc</i> ):	
Referral Instructions (When someone calls 2-1-1 for Information & Referral and would like to be a volunteer, what is the procedure for referring them to your organization?) (Intake application, documents required, etc.)	
Who will call 2-1-1 to update us when the service or funding is no longer available? Name/Phone/E-mail	
<p><i>*Referrals by the SEO 2-1-1 Call Center to any volunteer, in no way implies, recommends, or certifies that the volunteer is suitable for placement or that any background checks were performed by the Southeast Ohio 2-1-1 Call Center or United Way of Muskingum, Perry, and Morgan Counties. The responsibility for screening referred volunteer backgrounds and determining whether the volunteer is suitable for placement lies solely with the receiving organization and the prospective volunteer.</i></p>	



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