

Organization Profile

Please complete the following information about the organization. This information will be included on www.informAlberta.ca, a website and database of community, government, health and social services.

1.*Official Name (Incorporated/Legal name of the Organization)

2. Alternative Names (other names the organization is known as)

3. Name of Executive Officer and Title

4. Mandate (briefly describe the mandate of the organization)

5. Membership Fees?

No ___ Yes ___ (provide a brief description of fees)

6. Public Communication Information

Telephone: _____

Fax: _____

Email: _____

Website: _____

Toll Free: _____

Other: _____

7. Address Information

Building/Location Name (e.g. Macro Centre):

Suite #:

Building #:

Street Name:

Street Type (e.g. Avenue, Street):

City:

Province:

Postal Code:

Mailing Address (if different from street address above):

8. *Administrative Contact – Not for publication (person in the organization responsible for updating this information)

Name:

Title:

Telephone:

Email:

Fax:

9. *Geographic Area Served

Indicate which area(s) the organization primarily serves (e.g. National, Provincial, Health Region, Community)

10. a. Does the organization engage volunteers?

No___ Yes _____ (please provide a brief explanation of the volunteer roles in your organization)

b. Does the organization engage youth volunteers?

No___ Yes _____ (please provide a brief explanation of the volunteer roles in your organization)

11. Hours of Operation

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

12. Accessibility of Building

Is the building wheelchair accessible?

Yes ___ No ___

Are there any other accessible (other than wheelchair) features about this location that would be helpful to persons with physical disabilities (e.g. elevators, etc)?

Yes ___ No ___

If yes, please provide this information below:

13. Transportation Description

Please provide information on how the public would get to your program.

Programs Profile

Please complete the following information about each program offered by the organization by using a new program profile form for each program.

1. *Official Name of Program your organization offers (e.g. ' Volunteer Appreciation Events' offered by the)

2. Alternative Names (any other names the service is known by)

3. Program Description (describe what this program offers – e.g. The Volunteer Appreciation Events offered by the GPVSB are the following: Volunteer Appreciation Luncheon, Volunteer of the Week Program, etc)

4. Affiliation (list any service partners or collaborators if applicable)

5. Key Provider(s) (list the occupation and name of the key program provider(s) if applicable – e.g. Social Worker – Sue Wong)

6. Program Contact Information:

Is the contact information the same as the Organization?

Yes _____ No _____ (if no, please provide the contact information for this program below)

Telephone: _____

Fax: _____

Email: _____

Website: _____

Toll Free: _____

Other: _____

7. Address Information

Is the address the same as the organization?

Yes _____

No _____ If not, please record the address information below.

Is the address confidential (and should not be published)?

Building/Location Name (e.g. Macro Centre):

Suite #:

Building #:

Street Name:

Street Type (e.g. Avenue, Street):

City:

Province:

Postal Code:

Mailing Address (if different from street address above):

8. *Administration Contact – Not for Publication

Is the administration contact for this program the same as the organization?

Yes _____ No _____ If no, please provide the name and contact information below.

Name:

Title:

Telephone:

Email:

Fax:

9. Eligibility

Does the program have eligibility criteria? (e.g. age requirements, etc)

No___

Yes___ (If yes, please indicate criteria below)

10. Referral Process

Is a referral required?

___No, clients may come directly to this program

___Yes, clients must be referred and/or come to the service as indicated below

11. Waiting Period

Is there a waiting period for this program?

___ No

___ Yes (state the approximate waiting time)

12. *Geographic Area Served State the area(s) the program primarily targets. (e.g. national, provincial, health region, community)

13. Program Fees

a) Is there a fee(s) associated with the use of the service?

___ No

___ Yes (please provide details below):

b) Are reduction in fees available to persons with a limited ability to pay?

___ No

___ Yes, (please state the terms of reduction below):

14. Language

State the language(s), other than English, in which the program is provided (including American Sign Language):

15. Hours of Operation

Are the hours of operation for this particular program the same as the hours of the organization?

___ Yes ___ No (please indicate hours of operation below)

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Additional Locations Profile

Please complete the following information if your programs are operated out of multiple locations (photocopy this form and fill it out for each location)

1. Program Name

2. Name and Address of Location

Is the address the same as the organization?

Yes___ No___

Is the address confidential and should not be published?

Yes___ No___

Building/Location Name (e.g. Macro Centre):

Suite #:

Building #:

Street Name:

Street Type (e.g. Avenue, Street):

City:

Province:

Postal Code:

Mailing Address (if different from street address above):

3. Accessibility

Is the building wheelchair accessible?

Yes___ No___

Are there any other accessible (other than wheelchair) features about this location that would be helpful to persons with physical disabilities (e.g. elevators, etc)?

Yes ___ No ___

If yes, please provide this information below:

4. Transportation Description

Please provide information on how the public would get to your program.