



SERVICE PROVIDER INFORMATION – PAGE ONE

Provider Name (Required): \_\_\_\_\_

Common Name (AKA): \_\_\_\_\_

Service Provider Description/ Overview (Required): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider Type:	<input type="checkbox"/> For-Profit	<input type="checkbox"/> Government (Federal)	<input type="checkbox"/> Non-Profit 501(c)(3)
(Required)	<input type="checkbox"/> Government (City)	<input type="checkbox"/> Government (Other)	<input type="checkbox"/> Private Education
	<input type="checkbox"/> Government (City-County)	<input type="checkbox"/> Government (State)	<input type="checkbox"/> Public Education
	<input type="checkbox"/> Government (County)	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Religious Affiliate

Funding Sources:	<input type="checkbox"/> City Government	<input type="checkbox"/> Job Training	<input type="checkbox"/> State Government
	<input type="checkbox"/> County Government	<input type="checkbox"/> Partnership Act (WIA)	<input type="checkbox"/> Township Government
	<input type="checkbox"/> Donations	<input type="checkbox"/> Membership Dues	<input type="checkbox"/> United Way
	<input type="checkbox"/> Federal Government	<input type="checkbox"/> Private Organization	<input type="checkbox"/> Other:
	<input type="checkbox"/> Foundation Funding	<input type="checkbox"/> Service Fees	_____

License Type:	_____	License Number:	_____
License Type:	_____	License Number:	_____
License Type:	_____	License Number:	_____

Physical Address:

Line 1: \_\_\_\_\_

Line 2: \_\_\_\_\_

City (Required): \_\_\_\_\_ State: \_\_\_\_\_ Zip Code (Required): \_\_\_\_\_

Should physical address show on web site? Check one (Required): YES \_\_\_\_\_ NO \_\_\_\_\_

Mailing Address: (If different than physical address)

Line 1: \_\_\_\_\_

Line 2: \_\_\_\_\_

City (Required): \_\_\_\_\_ State: \_\_\_\_\_ Zip Code (Required): \_\_\_\_\_

Hours of Operation (Required): \_\_\_\_\_

Phone Number:	_____	Fax Number:	_____
Additional Number:	_____	Type:	_____
Additional Number:	_____	Type:	_____

Web Site: \_\_\_\_\_ Email: \_\_\_\_\_

Service Provider Staff Responsible for Verification and Routinely Updating Provider's Information (Required)\*:

Contact Name\*: \_\_\_\_\_ Title\*: \_\_\_\_\_

Phone Number\*: \_\_\_\_\_ Email\*: \_\_\_\_\_



LOCATION INFORMATION – PAGE TWO

The information below should correspond to the physical location of the office in which services are provided. If you have more than one location, please make appropriate copies before continuing.

Location # \_\_\_\_\_ Name: \_\_\_\_\_

Director Name (Required)\*: \_\_\_\_\_ Title\*: \_\_\_\_\_

Phone Number\*: \_\_\_\_\_ Email\*: \_\_\_\_\_

Location Contact Name\*: \_\_\_\_\_ Title\*: \_\_\_\_\_

Phone Number\*: \_\_\_\_\_ Email\*: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City (Required): \_\_\_\_\_ State: \_\_\_\_\_ Zip Code (Required): \_\_\_\_\_

Should physical address show on web site? Check one (Required): YES \_\_\_\_\_ NO \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Additional Number: \_\_\_\_\_ Type: \_\_\_\_\_

Additional Number: \_\_\_\_\_ Type: \_\_\_\_\_

Email: \_\_\_\_\_

Hours of Operation (Required): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Accessibility Features (Check all that apply):

- Wheelchair Accessible
- Accessible Main Entrance
- Designated Handicapped Parking
- Accessible for Disabled
- Accessible Restrooms
- Ramps
- Full ADA Accessibility

Languages Other Than English: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Service Area (Required):

- Allegheny
- Greene
- Westmoreland
- Other: \_\_\_\_\_
- Armstrong
- Indiana
- State of Pennsylvania
- Beaver
- Lawrence
- Butler
- Mercer
- National
- Fayette
- Washington
- World Wide

Service Area Description (Required if not serving the full county): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



SERVICE INFORMATION – PAGE THREE

The information below should correspond to ONE (1) service or program offered.
If you have more than one service or program, please make appropriate copies before continuing.

Service Name (Required): \_\_\_\_\_

Common Name (AKA): \_\_\_\_\_

Location(s) Service Provided (location # from Page Two): \_\_\_\_\_

Service Description (Required): \_\_\_\_\_

Eligibility (Required): \_\_\_\_\_

Fees (Required): \_\_\_\_\_

Application/ Intake (Required): \_\_\_\_\_

Documents Required: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Would This Service Be Available During / After Disaster? YES \_\_\_\_\_ NO \_\_\_\_\_ POSSIBLY (Dependent On Disaster) \_\_\_\_\_

Return completed application to:

Daynell Marbury
1250 Penn Avenue
Pittsburgh, PA 15222

Fax: 412-394-5376

Email: info@pa211sw.org



DONATION AND VOLUNTEER INFORMATION – PAGE FOUR

Does Your Organization Accept Donations of Material Resources? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, Please List Items Accepted:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Does Your Organization Offer Volunteer Opportunities? YES \_\_\_\_\_ NO \_\_\_\_\_ (If NO, do not fill out rest of form)

Volunteer Manager Name (Required)\*: \_\_\_\_\_

Phone Number\*: \_\_\_\_\_ Email\*: \_\_\_\_\_

Are Any of the Following Services Provided by Your Organizations?:

- Volunteer Recruitment, Volunteer Training, Court-Ordered Community Service Referrals, Volunteer Coordination, RSVP Program, Volunteer Placement

Check Off All Categories For Which Your Organization Offers Volunteer Opportunities (Required):

- Animal Exercise, Animal Foster Care/ Rescue, Animal Grooming, Animal Shelter Attendant, Board/ Committee Member, Business Assistance, Child Care, Classroom Aide, Clerical, Coaching, Computer Literacy, Crime Prevention, Dental Care, Disaster - Damage Assessments, Disaster - Food Services, Disaster - Mental Health, Disaster - Service Center/ Hotline, Domestic Violence, Donations Distribution, Donations Sorting/ Packing, Election, English Language Instruction, Equestrian Therapy, Errand Running/ Shopping, Evacuation Center/ Shelter, Event Coordination, Event Setup/ Cleanup, Exercise/ Fitness Leader, Facility Design/ Construction, Finance/Accounting, First Aid/CPR, Food Collection, Food Sorting/Packing, Friendly Telephoning, Fundraising Event, Gallery/Museum Sitting, Grant Development, Guardians ad Litem, Handyworker, Holiday - Event Entertainment, Holiday - Food Delivery, Holiday - Fundraising, Holiday Gift - Food Drive, Holiday Gift - Toy Distribution, Home Visit, Home/ Building Accessibility, Hospice Care, Hospital/ Institutional Visit, Land Conservancy, Lawn Care, Legal Services, Literacy, Meal Delivery, Meal Preparation/ Serving, Medical Care, Mentoring Services, Nature Trail, Nursing Care, Painting/Wallpapering, Paratransit Driver, Patient Support, Pregnancy Related, Public Relations, Reading Encouragement, Recreational Activities, Respite/ Home Health Care, Safety/Disaster Education, Search and Rescue, Sporting Event Monitor, Storytelling Volunteer, Substance Abuse Prevention/ Treatment, Support Group Facilitation, Thrift Shop Support, Tutoring, Usher/ Ticket Taker, In Home Meal Preparation, Tax Assistance/ VITA Program, Volunteers, Telephone Reassurance, Transitional Housing/ Shelter

Are There Any Special Requirements Volunteers Must Meet To Volunteer With Your Organization?

\_\_\_\_\_
\_\_\_\_\_

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