



Volunteers of America Chesapeake
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Lanham, MD 20706
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Volunteers of America Chesapeake
Year of Service Partnership Program

1. Name of Business or Community Partner: _____

2. VOAC Staff Contact Name: _____

3. Corporate/Group Liaison Contact Name, Business, Title, Email and Phone number:

4. Introductory Meeting Date: _____

5. Participation in Year of Service Program start and end date: _____ - _____

6. Please summarize the corporation/ group giving philosophy:

7. List four+ plotted engagements. Include Liaison and any other employee name(s) and contact info. Also include the date, time, site location, description and desired outcome of each of the four engagements: ***PARTICIPANTS ARE RESPONSIBLE FOR 100% OF EXPENSES FOR DAY OF SERVICE PROJECTS UNLESS SPECIALLY DISCUSSED***

1) _____

2) _____

3) _____

4) _____

8. Event Sponsorship Interests:

9. Comments:

Corporate/Group Liaison

Date

Print Name/Title

Participation Authorization (Senior Leadership Sign-off)

Date

Print Name/Title