

2019 Volunteer Expo Organization Profile Sheet

Thank you for agreeing to attend the very first Volunteer Expo in Washington County, MD. We are excited for this event to take place and your participation is invaluable.

- The Volunteer Expo will be held on April 10th, 2018 at the Robinwood Medical Center and will be located in the Atrium. The most efficient entrances to utilize will be the Yellow, Orange or Blue entrances.
- The Volunteer Expo will run from 3:00 PM until 7:00 PM. Vendors may begin to set up at 2:00 PM and **must** be set up by 2:45 PM. Each vendor will have a 6' (length) x 2' (width) table provided to them with 2 chairs in which to present their organizations information. There will be no electricity available. Space is limited for displays, so please plan accordingly.
- The Volunteer Expo will be over at 7:00 PM and all tables must be cleared off by 7:45 PM.
- Organizations will **not** be permitted to sell any type of goods during the expo.
- There will be more information about the event coming as we get closer to the date including information about security badges for the member of your organization, a schedule of events taking place during the event, and an inclusive list of in kind donations that will be accepted during the expo as a part of our instant volunteering options.
- If your organization becomes unable to attend the event, please provide us with a 14-day notice (March 27th, 2019) prior to the Expo so that we may utilize vendors from the waitlist to fill your spot.
- All Vendors must submit the Volunteer Release and Waiver of Liability form provided and have the form submitted 30 days prior to the Expo.

The following information will be used to help us best identify your organizations needs to the community partners and members that attend the Expo. The information will also be compiled into a resource guide that will be accessible to those who attend the event. Please fill out the information completely and return by March 1st, 2019.

Name of Organization: _____

Address: _____

Phone Number: _____ Email: _____

Website: _____

Person to Contact if services are needed: _____

Person to Contact if wanting to volunteer: _____

Description of Organization (75 words or less):

Services offered by Organization to the community: (50 words or less)

Populations Served by Organization: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Children (Birth - 5 Years) | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Youth (5 Years - 12 years) | <input type="checkbox"/> Recovery |
| <input type="checkbox"/> Adolescents (12 Years - 18 Years) | <input type="checkbox"/> Historical |
| <input type="checkbox"/> Transitional Youth (15 - 21 Years) | <input type="checkbox"/> Community |
| <input type="checkbox"/> Adult (21 Years +) | <input type="checkbox"/> Emergency Services |
| <input type="checkbox"/> Families | <input type="checkbox"/> Hotline |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Disabilities |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Hearing or Visually Impaired |
| <input type="checkbox"/> Animal | <input type="checkbox"/> Military |
| <input type="checkbox"/> LGBTQ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Environmental | |

Volunteer Opportunities Available: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Short Term (0 Days - 6 Months) | <input type="checkbox"/> Approved to offer Student Service Learning (SSL) Hours |
| <input type="checkbox"/> Med Term (6 Months - 1 Year) | <input type="checkbox"/> Board of Director Opportunities Available |
| <input type="checkbox"/> Long Term (1 year +) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Internship Opportunities Available | |

By submitting this form, you agree to all rules, terms & conditions. Any infringement may result in disqualification for tabling at future events. We appreciate your support and look forward to working with you. Please contact us if there are any questions at adillow@unitedwaywashcounty.org, 301.739.8200 x 104

Thank you for your participation and helping us to make this a great event

Vendor Signature: _____ Date: _____