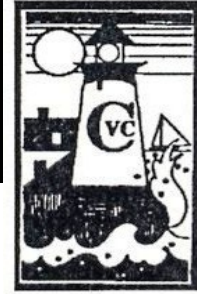


# Corporate Volunteer Council of Racine



## Application for Membership

Organization Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Representative: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Department Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

1) How many people does your organization employ in the Racine area: \_\_\_\_\_

2) Does your organization have a written policy on volunteerism? \_\_\_\_\_

3) What program structure do you currently have to promote employee volunteerism?

\_\_\_\_ No formal structure

\_\_\_\_ Single coordinator for program \_\_\_\_ Full Time \_\_\_\_ Part Time

\_\_\_\_ Several coordinators, spread over different departments \_\_\_\_ Full Time \_\_\_\_ Part Time

\_\_\_\_ Committee or team directed

\_\_\_\_ Other, please specify \_\_\_\_\_

4) If you have an employee volunteer program, how long has it been in existence? \_\_\_\_\_

5) Briefly describe your organization's volunteer program, if one exists.

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6) What methods are used to recruit employees for volunteer activities? (newsletter, bulletin board, word of mouth, etc.)

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(over)

7) Are there special incentive programs for volunteers? Please describe.

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8) Does your organization have special recognition events for volunteers? Please describe.

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9) In what specific areas can the CVCR help you?

Seminars  
 Volunteer training  
 Volunteer management  
 Idea exchange  
 Other, please specify \_\_\_\_\_

10) Are you aware of other organizations with volunteer programs that we should include in future plans?

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**Please return CVCR application with your membership dues to:**

The Corporate Volunteer Council of Racine  
c/o RAMAC  
300 Fifth Street  
Racine, WI 53403  
(262) 634-1931

Checks should be made payable to: The Corporate Volunteer Council of Racine  
Annual Dues: Up to 100 employees – \$100.00, Over 100 employees – \$200.00