## **Kleine Center New Partner Application**

Bolded fields indicate required question

Organization Title
Mailing Address
Email Address
Phone/Fax
Website Address or Facebook Page
Director Name
Volunteer Coordinator Name
Describe the Mission of your Organization  Please include if you are a nonprofit and indicate target population served
Will any of your events or programs potentially involve children?  Knox volunteers at events involving children will have to be DCFS-certified mandated reporters  Yes  No
Can you provide a certificate of insurance (COI)?  A copy may be emailed to volunteer@knox.edu
Yes No

•	organization require its own volunteer application? e send a copy to volunteer@knox.edu
Yes	
No	
Please provi	organization require a background check? ide company used and length of time required to complete. If yes, please send a ackground check materials to volunteer@knox.edu
Yes	
No	
volunteer@	d a copy of your organization's anti-discrimination policy to knox.edu now.  Against Discrimination and Harrassment can be found here:
Anti-discr	rimination policy submitted
ls your volu	inteer event within walking distance of Knox College?
Yes	
No	
Will you be	able to provide transportation?
\\	
Yes	