



Community Partnership Agreement

Volunteer Columbia Center
500 N Highway 30, Suite 210
St Helens, OR 97051
Phone: 503 366 8387
Email: Dawn.Thompson@state.or.us
Wilbert.D.Warren@state.or.us
Website: www.volunteercolumbia.com

Your Information Please:

Organization Name: _____

Address: _____

Type of Business: Federal Agency State of Oregon
 County Agency Private Non-profit
 Faith-based organization
 Other _____ (please indicate)

Brief description of services:

Do you currently use volunteers? Yes No

Name of Contact Person: _____ Title: _____

Telephone: _____ Fax: _____ Email: _____

By signing this form I agree to partner with **Volunteer Columbia** to work to advance volunteerism in Columbia County. I understand that my organization has access to post opportunities on the **Volunteer Columbia** website. I agree to cooperate with Volunteer Columbia's quality control efforts to insure potential volunteers are served in a timely and appropriate manner. I also agree to participate, as appropriate, in trainings that might be offered to increase my organizations understanding of volunteer issues.

Completed by: _____ Date: _____

Telephone: _____