

HOST SITE PARTNER APPLICATION SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

Contact Information

Name of Organization _____

Address _____

City _____ Zip Code _____

Phone no. () _____ Fax no. () _____

Contact Name _____ Email _____

501(c)3 : _____ Public Agency: _____ FIN: _____

Agency Information

Briefly state the mission of your organization.

What programs and or services does your organization offer?

How many staff does your organization currently employ?

Approximately how much is your annual operating budget (optional)

Have you experienced budget cuts and/or staff reductions within the last year?

How could the Capital AAA SCSEP enhance your organization's ability to deliver services?

How many senior workers are you able to train? _____
In what capacities (skills they can acquire, opportunity for employment, etc.)?

How did you hear here about the Capital AAA Senior Employment Program?

Newspaper _____ ~~You were contacted by the Detroit Urban League~~ _____

Flyer _____ MWP-staff _____ Word of mouth _____

Other _____

Is there anything else you would like for us to know about your organization?

Please mail application to:

Capital Area Agency on Aging
Senior Community Service Employment Program
P.O. Box 66038
Baton Rouge, Louisiana 70896-6038
Attention: SCSEP Team

Or Fax To:
225-928-8780

Thank you for your interest! We look forward to working with you.