



Women's Resource Centre

Ministry of Community Services, Youth, Sports and Gender Affairs
P.O. Box 1687 GT
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Community Resource Handbook Information Form

Name of Organisation: _____

Mission Statement:

Title of Contact Person: _____

Is this an elected post? ___ N/A ___ NO ___ Yes (If Yes, length of term ___)

Physical Address: _____

Mailing Address: _____

Telephone Number(s): _____

Fax Number(s): _____

"Empowerment through Information and Education"

Please check *one or more* of the following categories that your organization would fall under:

- | | |
|--|--|
| <input type="checkbox"/> Adoption/Foster Care | <input type="checkbox"/> Home Care Agencies |
| <input type="checkbox"/> AIDS/STI Services | <input type="checkbox"/> Housing Programmes & Shelters |
| <input type="checkbox"/> Alcohol/Drug Abuse | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> After-School Programmes | <input type="checkbox"/> Leisure/Sports |
| <input type="checkbox"/> Children & Youth Services | <input type="checkbox"/> Mediation |
| <input type="checkbox"/> Community Organizations | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Counselling Services | <input type="checkbox"/> Miscellaneous |
| <input type="checkbox"/> Crime Assistance | <input type="checkbox"/> Nursing Homes |
| <input type="checkbox"/> Crisis Lines | <input type="checkbox"/> Pensions |
| <input type="checkbox"/> Cultural Organizations | <input type="checkbox"/> Professional Associations |
| <input type="checkbox"/> Domestic & Child Abuse | <input type="checkbox"/> Referral Services |
| <input type="checkbox"/> Donations | <input type="checkbox"/> Religious Groups |
| <input type="checkbox"/> Education, Research & Training Programmes | <input type="checkbox"/> Scholarship Programmes |
| <input type="checkbox"/> Employment Services | <input type="checkbox"/> Service Clubs/Voluntary Organizations |
| <input type="checkbox"/> Family Services | <input type="checkbox"/> Support Groups |
| <input type="checkbox"/> Financial Assistance/Programmes | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Food Assistance | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Health Care Services | <input type="checkbox"/> Other: _____ |

****For Internal Purposes Only***

Form Completed By: _____

Title: _____

Contact Details: _____

Date: _____

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