

COMMUNITY ACTION

2475 Center ST NE
 Salem, Oregon 97301
 503-585-6232
 Fax: 503-375-7580
 Contact: Nancy Ibarra



Community Homeless Connect
of
Marion/Polk Counties
March 24, 2011
First Church of Nazarene
1550 Market Street NE
Salem, Oregon 97301

SERVICE PROVIDER REGISTRATION

Please join us as we reach out and connect services with at-risk and homeless populations. Fill out this form detailing the services you will provide. Return form via mail, fax, or deliver to the office c/o Nancy Ibarra to participate in this community event. If you have questions please call Nancy at (503) 585-6232 ext. 326

Name of Individual or Organization			
Contact Name		Email:	
Address		Phone:	Cell:
City/State/Zip		Fax:	

Please check the boxes below that best fit the services your agency is willing to provide. Complete a separate form for each service.

- | | |
|---|---|
| <input type="checkbox"/> Benefits | <input type="checkbox"/> Children/Family Services |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Women's Services |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Guest Services (Haircuts, Foot bath, Faith, etc) |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Café |
| <input type="checkbox"/> Pet Services | <input type="checkbox"/> Counseling Services |
| <input type="checkbox"/> Other Services | |

Please describe in detail what services you will be providing, so that we can advertize on our flyer. Also, list any items you will be making available to the participants. (Example: Supplies that relate to your service).

Signature _____ Date: _____

By signing the above I agree to participate in the 2011 Community Homeless Connect March 24, 2011. I agree to be set-up and ready by 9:00AM and provide services from 9:00AM to 4:00PM.