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www.citymarket.coop

Community Outreach Partner Application

Please mail or drop off completed form, proof of 501(c)(3) status and proof of insurance with Attn: Liz Dykes.

Today's Date: ____/____/____

Organization: _____

Contact Person(s): _____

Mailing Address: _____

Phone Number(s): _____

Email: _____

Organization's Website/Facebook/Twitter: _____

Organization's Mission:

How does this mission relate to City Market's Global Ends? (See our COP Policy)

How will you ensure that Member Worker hours are accurately recorded and reported to City Market at the end of each month?

How many volunteers do you currently work with each month?

What are the typical tasks that you ask volunteers to do?

Questions? Contact Liz Dykes, Member Services Coordinator, at ldykes@citymarket.coop or 861-9707.