



Community Outreach Partner Application

Please mail or drop off completed form, proof of 501(c)(3) status and proof of insurance to our Downtown address below with Attn: Membership or email all application materials to membership@citymarket.coop

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 Lauren Jones, our Membership Manager, at ljones@citymarket.coop or 802- 861-9707.

Your Community-Owned Grocery Stores

Burlington, VT • **Downtown** 82 S. Winooski Ave • (802) 861-9700 • **South End** 207 Flynn Ave • (802) 540-6400

www.citymarket.coop