

School Membership Profile



Form completed by:

Name _____

Date _____ Title _____

School Profile

School _____ Date _____

Address _____

City _____ State _____ Zip Code _____ County _____

Phone Number _____ Fax Number _____

Principal _____

Contact Email: _____

People Served:

How many students attend your school yearly? _____

How many families are served by your school yearly? _____

How many teachers are served by your school yearly? _____

Please estimate the breakdown of your program beneficiaries by:

AGE 0-5 _____% 6-12 _____% 13-18 _____%

ETHNICITY

African American _____% Asian _____% Caucasian _____% Latino _____%

Native American _____% Pacific Islander _____% Other _____%

GENDER Female _____% Male _____%

INCOME Percentage of students that qualify for free/reduced lunch program: _____%

Training and Capacity Building:

World Vision seeks to support community transformation by equipping organizations and individuals to better impact the well being of children through capacity building and training.

Are you interested in participating in training and capacity building offered by or convened by World Vision?

Yes No

If “Yes,” please check all that apply

TOPIC	We would like training in this topic.	We can provide training in this topic.
40 Developmental Assets for Youth and Children	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy to Improve Life for Children and Youth	<input type="checkbox"/>	<input type="checkbox"/>
Child Protection Policies	<input type="checkbox"/>	<input type="checkbox"/>
Developing Partnerships	<input type="checkbox"/>	<input type="checkbox"/>
Disaster Preparedness	<input type="checkbox"/>	<input type="checkbox"/>
Effects of Poverty on Children and Youth in the US	<input type="checkbox"/>	<input type="checkbox"/>
Empowering Youth as Agents of Change	<input type="checkbox"/>	<input type="checkbox"/>
Helping Children and Youth Academically	<input type="checkbox"/>	<input type="checkbox"/>
How to Develop Materials and Train Others	<input type="checkbox"/>	<input type="checkbox"/>
Mentoring Relationships with Youth	<input type="checkbox"/>	<input type="checkbox"/>
Out of School-Time Program Design	<input type="checkbox"/>	<input type="checkbox"/>
Program Design, Monitoring and Evaluation	<input type="checkbox"/>	<input type="checkbox"/>
Recruiting and Working with Volunteers	<input type="checkbox"/>	<input type="checkbox"/>
Respectful Communication in Teams	<input type="checkbox"/>	<input type="checkbox"/>
Understanding Youth and Child Well-Being	<input type="checkbox"/>	<input type="checkbox"/>
Working Well Cross-Culturally	<input type="checkbox"/>	<input type="checkbox"/>
Youth and Adult Partnerships	<input type="checkbox"/>	<input type="checkbox"/>

Resources and Relief:

Are you interested in receiving other donated product besides school supplies from World Vision?

Yes No

Who is the best person in your organization to contact about product distributions?

Name	Title
Phone	Email