



Solution Determination Form

Applicants must be an Officer, Staff, or Volunteer, of a non-profit organization.

General Information

This application is being filed for an [Organization / Individual]

Full Name : _____

Home Address : _____

City : _____ State : _____ Zipcode : _____

Phone : _____ Email : _____

Organization Information

Organization : _____

Mission : _____

Address : _____

City : _____ State : _____ Zipcode : _____

Phone : _____ Email : _____

Website : _____

Organization Personnel

Officer : _____ Position : _____ Contact : _____

Officer : _____ Position : _____ Contact : _____

Officer : _____ Position : _____ Contact : _____

Participation Information

Are you currently active within this organization: [Yes / No] From: _____ To: _____

Position : _____ [Officer / Staff / Volunteer]

Activities : _____

Solution Inquiry

Describe why you or your organization is applying ? _____

What do you perceive the benefits will be to the organization and/or yourself ? _____
