



## PARTNER APPLICATION

ORGANIZATION:

ADDRESS:

CITY:

ZIP:

PHONE:

WEBSITE:

CONTACT/title:

EMAIL:

# OF STAFF:

# OF MO. VOLUNTEERS:

MISSION  
STATEMENT:

YEAR EST.:

# OF CLIENTS YOU ESTIMATE WILL  
NEED OUR HELP EACH MONTH:

Thank you for your interest in partnering with us in order to make a difference to women in our community. We will contact you following the review of your application in order to coordinate a time to meet with you.

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AMELIA'S CLOSET OFFICE USE: