Name of Organization: Community of Caring

Address(es): 2491 Carmichael Dr, Suite 400 Chico, CA

Telephone: (530) 898-4519; 1-800-822-0109

Fax: (530) 898-4870

Web site: www.passagescenter.org

Mailing Address (If different from above): __________________________________________

Contact Person: Katy Azevedo

Title: Volunteer Support Specialist

Telephone (If different than above): (530) 898-6646

E-Mail address: kaazevedo@csuchico.edu

Office Hours: 9 - 5 Mon - Fri

Best time to call: 9 - 5

Please indicate if your agency is a:

________________ Government agency or 501C3 # __________________

Purpose of Agency: To help older adults, their caregivers and their families lead healthy, happy and more rewarding lives by providing and supporting the critical services, referrals, and community resources they need.

Population/ages served: Older adults
Area served: Butte County

Agency expectations of students (duty/attitude description): Program opportunities include friendly visits, transportation to appointments or shopping, telephone reassurance, and/or handyperson help around the home

Any previous experience or qualifications required:

Describe any volunteer supervision: Complete training is offered for each of the various opportunities

Possible ways Butte College students could serve your organization/clientele:

* Phone reassurance
* Transportation
* Friendly visits
* Safety Patrol
* Gardening partner

Days/times available for volunteers: flexible Number of students (per day or shift):

__100!__ Times are scheduled between volunteer and client

Available for job shadowing? __yes__

Minimum commitment length: varies by program Approximately 1 hour/week

One-time event or on going: On-going hopefully
Orientation/training requirements:

All provided by PASSAGES

Special needs/requirements:

Signature: __Katy Azevedo

Date: 11/19/07