

Information Recording Form

Name: _____ Date: _____

1. Name of the nonprofit _____

2. Date founded and by whom _____

3. Why founded? _____

4. What population does this nonprofit serve (i.e., homeless, drug addiction, hungry, youth, etc.)?

5. What is the nonprofit's mission. _____

6. What goods or services are provided by this nonprofit organization?



7. How many people are served by this organization?

8. How is this nonprofit organization funded (i.e., federal government, grants, etc.)?

9. What are some of the important accomplishments of this nonprofit?

10. What are some of the challenges for this nonprofit organization?

11. What job(s) is available in this nonprofit organization?



12. What are the qualifications required for the job?

13. Would you like to have a job with this nonprofit? YES NO

Why or why not?

