



Senior Community Service Employment Program
Host Agency Application

Host Agency Name: _____

Mailing Address: _____

Street Address: _____
(If different)

Primary Contact: _____
Name Title

Phone number _____ Fax number _____

Email address _____

501C3 Number: _____

Private nonprofit _____ Government _____ Federal funding _____

Please give a general statement of the purpose and function of the agency

Training Opportunities _____

Is Service New or Expanded? _____

Signature of Applicant _____

Date of Application _____

300 Chatillon Rd, NE Rome, GA 30161-4911 706-291-8496 mercyrome.org
Mailing Address: P.O. Box 866 Rome, GA 30162-0866

Connecting Generations and Community