

**Teen Advisors of Norman Agency Information Survey**

Name of agency \_\_\_\_\_

Number of years working for the community \_\_\_\_\_

Who does your agency serve (specifically, what age groups)? \_\_\_\_\_

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Briefly describe the goals and purpose of your agency. \_\_\_\_\_

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How is your agency funded? \_\_\_\_\_

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How could the Teen Advisors of Norman contribute to your agency? \_\_\_\_\_

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Is there a specific time of year or a special event that requires volunteers and/or donations? If so, please specify. \_\_\_\_\_

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