

**Agency/Program Profile**

Agency/Organization Name: \_\_\_\_\_

Program Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (primary): \_\_\_\_\_ Telephone: (secondary) \_\_\_\_\_

Facsimile: \_\_\_\_\_ TTY: \_\_\_\_\_ Toll Free: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Description of Services: (as you would like it to appear in our Directory. Continue on reverse if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please mark which categor(ies) you would like your agency/program(s) to appear in:

Basic Needs \_\_\_\_\_ Consumer Services \_\_\_\_\_ Criminal Justice/Legal Services \_\_\_\_\_ Education \_\_\_\_\_

Environmental Quality \_\_\_\_\_ Individual & Family Life \_\_\_\_\_ Income Security \_\_\_\_\_ Health Care \_\_\_\_\_

Mental Health Care & Counselling \_\_\_\_\_ Organizational/Community Services \_\_\_\_\_ Specific Groups \_\_\_\_\_

Are Fees Charged? \_\_\_\_\_ Days & Hours of Operations: \_\_\_\_\_

Is your facility wheelchair accessible? Yes \_\_\_\_\_ No: \_\_\_\_\_

Above information supplied by: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

*We appreciate you taking the time to complete this profile. It is our aim to have the most complete and accurate information on services available in the Burnaby and New Westminster Communities. Your help will enable us to achieve this goal. Thank you for taking the time to provide this information. Please return this form to our office by mail or in-person.*