

C.O.R. Ministries, Inc. – The City of Refuge

Contact information:

- a. Contact person: **Pastor Vennie Hooks**
 - b. Phone Number: **(727) 530-3350**
 - c. Email: **info@1cityofrefuge.org**
 - d. Website: **www.cityofrefugeclearwater.org**
 - e. Address: **15556 Verona Ave., Suite B, Clearwater, FL 33760**
2. Does your organization have 501(c)(3) Status? **Yes**
3. What social issue(s) may students address through community service work at your organization?
Teaching residents the basics of a computer and cell phone, set up and tear down for yard sales and other events.
4. Do you have an age/grade requirement for volunteers? **No**
5. What are some typical activities that students might perform if they complete community service hours with your organization? **Raking leaves, help with cleaning sheds, some filing and organizing office supplies.**
6. When can students volunteer at your organization?
- a. Days of the week? **Friday, Saturday, Sunday**
 - b. Typical number of hours per week available/required? **12**
 - c. Times they may volunteer? **3**
 - d. Do you have students volunteer during the summer months? **Yes**
 - e. Do you only offer community service hours during the summer? **No**
7. Please briefly list any additional information that students may need to know about your organization if they are considering you as a community service agency: **We help women that are recently released from incarceration and during the summer months the students may volunteer more than 12hrs. a wk.**