

**Virginia Interfaith Power & Light (VAIPL)
Partnership Program – Application
Congregational or Community Information**

Congregation or Community Name: _____

Email Address: _____

Street Address: _____

City, State, and Zip Code: _____

Phone Number: _____

Website, Facebook page, Twitter (if applicable): _____

Religious Affiliation and/or Denomination (if applicable): _____

If you have a committee, team, or group (such as a Green Team, Creation Care committee, or a property committee) in your congregation or community that will work closely with VAIPL, please provide its name.

Have you emailed a photo(s) for your congregation or community's partnership profile to contactus@vaipl.org? Y N

Why is caring for Creation important to your congregation or community? _____

Leadership Information

(e.g. pastor, imam, rabbi, president, or a trustee who represents your community's or congregation's leadership)

Title (if applicable) and Full Name: _____

Role in congregation or community: _____

Email Address: _____ Phone Number: _____

Liaison Information

(1-3 members of your congregation or community who agree to take on the roles described in the program description)

1. Title (if applicable) and Full Name: _____

Role in the congregation or community: _____

Email Address: _____ Phone Number: _____

2. Title (if applicable) and Full Name: _____

Role in the congregation or community: _____

Email Address: _____ Phone Number: _____

3. Title (if applicable) and Full Name: _____

Role in the congregation or community: _____

Email Address: _____ Phone Number: _____