OCCC Student Life Service-Learning Center
Partner Agency Interest Form

Agency Name: ____________________________
Site/Volunteer Supervisor: ____________________________
Phone: __________________ Fax: __________________
Address: ____________________________
Website: __________________ E-Mail: __________________
Is your agency a faith-based organization? ____________________________

Volunteer Placement Information

What is the maximum number of volunteer students that your agency can accommodate?
(Please keep in mind that not all students will be volunteering at the same time, most courses require that students serve between 10-20 hours during a semester.) __________________

What days and times can your agency accept volunteers?

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<th>DAY</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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<tr>
<td>TIMES</td>
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Briefly describe your agency and potential tasks for OCCC students.

Please list any specific agency rules and regulations for volunteers (background checks, etc.).

Signature ____________________________ Date ____________________________

Please list and provide signature for all agency representatives who are authorized to sign student time sheets.

Name ____________________________ Signature ____________________________
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Please return to OCCC Student Life, 7777 S. May, Oklahoma City, OK 73159 or fax to 405.682.7545.