

# Agency Service-Learning Interest Form

Agency Name: \_\_\_\_\_  
 Site/Volunteer Supervisor: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_

## Volunteer Placement Information

What is the maximum number of volunteer students that your agency can accommodate? *(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.):* # \_\_\_\_\_

During what days and times can your agency accept volunteers?

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
TIMES							

Briefly describe the tasks that our students could help with at your agency.

Please list any agency specific 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 timesheets: (IF APPLICABLE)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

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