

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.) Number of students _____

What days and times can your agency accept volunteers?

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
TIMES							

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 _____
Name _____	Signature _____
Name _____	Signature _____
Name _____	Signature _____
Name _____	Signature _____
Name _____	Signature _____