Spring 2007
Academic Service Learning Agency Partnership Form

Organization/Agency: _____________________________________________________
Contact Person: ______________________Title:________________________________
Secondary Contact: ____________________Title:_______________________________
Best time/way for student contact:____________________________________________
Main phone number:_______________________Circle one: work    home    cell
Secondary phone number:___________________Circle one: work    home    cell
Email address (if used regularly): ____________________________________________
Website Address: _________________________________________________________
Mailing Address:__________________________________________________________
Office Location: __________________________________________________________

Describe UPCOMING and/or NEW tasks/projects that student volunteers are needed to work on. If possible, indicate the number of volunteers needed or any special skills.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What are students likely to learn by working on these projects with your organization? (For example: Students will learn about social and economic factors that contribute to homelessness.)
1. ______________________________________________________________________
2. ______________________________________________________________________
3. ______________________________________________________________________

We can work with a total of _____students from Academic Service Learning.
For volunteer based agencies: In addition, we would like ______student volunteers.
We will notify the Kernodle Center for Service Learning of all significant changes including staff, location or availability to work with students.

** If you are a new partner, or your agency has made significant changes please complete the back of this form.
I have read the attached description of the program and agree to fulfill the expectations for our organization, including providing an orientation for student volunteers.

Signed ____________________________________ Date: ________________

What is your organization’s mission? ______________________________________

____________________________________________________________________

____________________________________________________________________

What days and times can volunteer work be performed? _______________________

____________________________________________________________________

____________________________________________________________________

Can you accommodate small groups of students? What types of projects would be available? __

____________________________________________________________________

____________________________________________________________________

Can you allow students to attend Board Meetings? Staff meetings? ________________

____________________________________________________________________

☐ Please attach a brochure from your organization.