APU Center for Academic Service Learning and Research "Where the Cornerstones Connect"

Community Partner Action Plan

Please fill out the following form with a Service Learning representative and submit it to the Center for Service Learning and Research prior to the project. Please keep in mind that this form is to gather as much information about your particular needs as possible to ensure a quality experience for your agency and the students. Thank you for your interest in Service Learning. We look forward to working with you!

Agency Name					Academic Period/Yr:	
Contact Person						
Volunteer Supervisor						
Mailing Address						
Street Address (if different)						
Phone 1			Phone 2:			
Email Address			Fax #			
Agency Description: Please describe the purpose of your agency and the target population (i.e. ethnicity, age, gender, languages).						
Agency Needs: Please take this time to identify the specific ways we can best partner with your organization	Days students can serve:	Times students can serve:				
	Specific ways students can serve (i.e. duties and activities):					
	# of students needed to meet these needs:					
	Specific Requirements (i.e. T.B. tests, fingerprinting, application, etc.)					

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