



New Organization Service Learning Form

Organization name _____
Mailing address _____
City, State _____
Zip (nine digits) _____
County _____

Days and hours available for volunteers _____

Description of the work your organization does in the community (attach or list):

Description of the work volunteers do with you (attach or list):

Requirements for volunteers (attach or list):

How many volunteers can your organization accept in a semester? _____

Fields of study that are related to volunteer work:

Contacts

Title and name _____
Position _____
Phone _____
Email _____

Title and name _____
Position _____
Phone _____
Email _____

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Position _____
Phone _____
Email _____