VOLUNTEER AGENCY INFORMATION FORM

Name of Organization/Agency:____________________________________________________

Agency Student/Volunteer Supervisor:____________________________________________

Address_______________________________________________________________________

City/State ___________________________________________Zip__________________

Work Phone: (___)____-__________

Alternate Phone: (___)____-__________ Please circle one: cell home other: (please specify)___________

Email address:____________________________________________________

Student Duties: _________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Days and Hours of Operation:______________________________________________

Days and Hours Students Needed __________________________________________

Please List Majors or Areas of Interest for Potential Volunteers
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Other Requirements/Preferences: __________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Student Capacity/Preferred Number of Students _______________________________
I agree to accept students from Roane State Community College and provide adequate supervision and training at this Service-Learning site. The Agency is responsible for screening applicants as needed for each site.

______________________________
Signature of Agency Administrator

______________________________
Title

______________________________
Signature of Student Supervisor

Please return the completed form to:
Roane State Community College
Director, Service Learning Program
276 Patton Lane
Harriman, TN 37748
Or email to: servicelearning@roanestate.edu