



Roane State **COMMUNITY COLLEGE**

276 Patton Lane Harriman, TN 37748-5011
(865) 354-3000 Fax (865) 882-4562
www.roanestate.edu

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 _____



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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