

FLORIDATM
SOUTHWESTERN
STATE COLLEGE

SCHOOL OF EDUCATION

Community Partner Application

Organization Name: _____

Address: _____

Name of Contact: _____

Phone: _____ **Email:** _____

Please answer the following questions:

How many service-learners can be accommodated each semester?

Less than 10 11 – 25 26 – 50 greater than 50

How many hours will be provided for each service-learner per semester (15 weeks)?

Less than 5 6-10 11 - 15 more than 15

Does this organization carry liability insurance that covers volunteers? Yes no

What opportunities/needs do you have for student service-learners? Please describe briefly.

What are the days/hours that service-learners are needed? _____

Is orientation/training provided? yes no

Signature: _____ Date: _____