APU Center for 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 stud	lents can serve:		
, 0	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.)				

Orientation: An orientation is essential in equipping students to provide quality service to your agency. It also gives you an opportunity to communicate the specific goals and mission of your services.	Dates of Orientation: (Please choose more than one day)	Desired times of Orientation on site:	Orientation Location:	Orientation will be presented by:	e
Accountability: Students may have various classroom requirements as a way of documenting and reporting their service. Please discuss how you can best partner with students in their service requirements.	Can you commit to signing a required timesheet for each student?: YES NO				
	Community Partner	osontativo		ate ate	