

SERVICE LEARNING PARTNER REQUEST /ASSIGNMENT FORM

AGENCY NAME _____ **DATE** ___/___/___ **PHONE NO. (____) _____ - _____**

AGENCY ADMINISTRATOR _____

CONTACT INFORMATION

Mailing Address:

e-mail:

**SERVICE LEARNING
ASSIGNMENT** _____

**NO. OF SERVICE LEARNERS
NEEDED:** _____

OBJECTIVE _____

**TRAINING
REQ'D** _____

RESPONSIBILITY _____

**SKILLS
REQ'D** _____

**QUALIFICATION
NEEDED** _____

HOURS: _____ **DAYS:** _____

COMMUNITY NEED: How will this service learner make a difference in the community by performing this assignment?

