



Community Partnership Agreement

Name of agency or organization: _____

Address: _____ State: _____ Zip: _____

Contact Person: _____

Phone #: _____ E-mail: _____

Website: _____

Statement about the Organization (Mission, what they do, etc.)

Please check one: _____ We have various volunteer positions available for students to explore.

_____ We have (a) specific volunteer position(s) we wish to fill (see next page)

Brief Position Description:

Is there any training required? Yes No

If yes, please explain:

Are there any special time requirements? Yes No

If yes, please explain:

If you have more than one specific position, please check here:

Which semester will be position(s) be available? (Check all that apply)

Fall Spring Summer

Please include your mission statement, any documents about your agency/organization, and any other information that may be helpful.

Today's Date: _____