

Student ID # _____

Student Name _____

COMMUNITY SERVICE PROGRAM AGENCY APPLICATION

(To be completed by Agency Volunteer Coordinator/Director supervising the project)

Name of Agency/Project: _____

Address: _____

Phone: _____

Contact Person: _____

(This should be the name of the person who can verify the volunteer's hours and the quality of the volunteer's work.)

Title/Position: _____

Days and hours scheduled for volunteer: _____

Brief Description of volunteer's job: _____

Date: _____