# Community Agency Application

## Agency Information

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Contact Person</th>
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<tbody>
<tr>
<td>Address</td>
<td>Title</td>
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<tr>
<td>City</td>
<td>Phone</td>
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<tr>
<td>State</td>
<td>Fax</td>
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<tr>
<td>Zip</td>
<td>Email</td>
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Program Description and Services Provided to the Community:

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## Volunteer Information

Please describe the type of duties volunteers will be performing:

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Number of volunteers needed: __________ 
Age Requirements: __________

Time Commitment: Days: ________, Hours/Day: ________

Please check all that apply:

- Interview: Yes ☐ No ☐ 
- Orientation: Yes ☐ No ☐ 
- Training Mandatory: Yes ☐ No ☐
- On-Site Supervision: Yes ☐ No ☐
- LifeScan: Yes ☐ No ☐
- If yes, what is the duration of the orientation?
- If yes, what is the duration of the training?
- Finger Printing: Yes ☐ No ☐

Additional Requirements (please list other requirements, if any):

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Please attach additional information, such as official documentation, pamphlets or brochures, for verification and distribution to our students. If you have any questions, please contact the Center for Service-Learning & Public Service at (408) 223-6770 or email evcservicelearning@evc.edu.

Contact Person’s Signature: ___________________________ Date: ______________

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White: Service-Learning Center
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