



EVERGREEN VALLEY COLLEGE

PUBLIC SERVICE & SERVICE-LEARNING COMMUNITY AGENCY APPLICATION

AGENCY INFORMATION

Agency Name _____	Contact Person _____
Address _____	Title _____
City _____	Phone _____
State _____ Zip _____	Fax _____
Website _____	Email _____

Program Description and Services Provided to the Community:

VOLUNTEER INFORMATION

Please describe the type of duties volunteers will be performing: _____

Number of volunteers needed _____

Age Requirements _____

Time Commitment Days: _____ Hours/Day: _____

Please check all that apply:

Interview:	Yes <input type="checkbox"/> No <input type="checkbox"/>	LifeScan:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Orientation:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what is the duration of the orientation?	
Training Mandatory:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what is the duration of the training?	
On-Site Supervision:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Finger Printing:	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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 _____