

Community Agency Information Form

Agency Name: _____

Address: _____

Phone Number: _____ Email: _____

Website: _____

Does your agency have 501(c) 3 nonprofit status? YES NO

Mission Statement: *(Please include on a separate sheet if not able to fit in the space provided or include agency brochure, if appropriate.)*

Agency Director: _____

Volunteer Coordinator: _____

Email: _____

Email: _____

Days and Hours of Agency Operation: _____

Is your agency located on the Centro bus route? YES NO If yes, which route? _____

Are there specific intake procedures for volunteers? YES NO

If yes, please list intake procedures such as training, medical, character reference, etc.

Are background check and/or fingerprinting required? YES NO

If yes, does your agency cover any associated costs and where does this take place?

SERVICE-LEARNING OPPORTUNITIES

The Community Based Service-Learning Program (CBSL) at Syracuse University allows students to participate in an organized service activity that meets community defined needs. Students receive academic credit for processing and reflecting on the service activity within the curriculum. To facilitate the development of mutually beneficial relationships, Shaw Center works to create successful community partnerships through carefully matching students' interests and community needs. Students referred by our office are typically required to complete 15-20 community service hours per semester or complete a project (either on-site or on-campus) for your agency.

CBSL students may participate in many aspects of a volunteer program, however they **must be supervised by a paid agency staff member at all times**. When referring students, we understand that it is your decision to accept or decline a student volunteer.

Please provide information on ways service-learning students could assist your agency (e.g. brochures, reports, web site updates, survey design, etc.). If necessary, attach descriptions on a separate piece of paper. Within the parameters of the service-learning program, students are required to follow guidelines and provided with a training manual.

CBSL students are NOT allowed to:

- Transport clients in personal or agency owned vehicles
- Be alone with a client
- Assist with bathroom/personal hygiene/feeding related tasks
- Release a child to sibling/parent/guardian
- Plan off-site activities without permission from site and University staff
- Go door-to-door to collect information or conduct surveys

Please describe additional service-learning projects not listed in the volunteer opportunities section on page 3. If possible, please include how many hours and volunteers are needed for each.

Long-Term VOLUNTEER OPPORTUNITIES

Please provide a description of the types of *long-term* service opportunities available through your agency. (Please specify the day(s) and hour(s) the service opportunity may require if different than your standard days and hours.)

1. _____

2. _____

3. _____

4. _____

Do you require a minimum number of hours for volunteer activity? YES NO

Is there a training program required to volunteer? YES NO

If yes, explain: _____

Are volunteers covered under your agency's liability insurance? YES NO

Short-Term VOLUNTEER OPPORTUNITIES

Please provide a description of one-time or short-term service opportunities available. Feel free to make copies and submit more than one form. If you have flyers advertising the event, please attach it to this form. These opportunities will be collected and distributed to potential volunteers. Please email ShawCenter@syr.edu if additional service opportunities arise in the future. *(Note if the opportunity is available for a group to participate and the maximum number of participants you can accept.)*

Event Title: _____ **Date of Event:** _____

Contact Person: _____ **Phone:** _____

Location of Event: _____ **Time:** _____

Number of Volunteers Needed: _____ **Min. Hours Required:** _____

Volunteer Position Description: _____

Specific Skills Needed: _____

Appropriate Attire for the Event: _____

Event Title: _____ **Date of Event:** _____

Contact Person: _____ **Phone:** _____

Location of Event: _____ **Time:** _____

Number of Volunteers Needed: _____ **Min. Hours Required:** _____

Volunteer Position Description: _____

Specific Skills Needed: _____

Appropriate Attire for the Event: _____