



### Service-Learning Community Partner Information

Site and Contact information:

Name and Title:

Agency:

Company Description:

Population Served:

Office Webpage:

Phone:

Fax:

E-mail:

The following information will help us create the best partnerships for your organization, our professors, and our students.

**Service Activities** (What will students be doing at your site?):

Maximum number of students you are able to accept and supervise:

What is the minimum age of students accepted?

Are there Medical Forms to serve at your site? If yes, which forms? If Immunization records are needed would a print out from Kingsborough fill this requirement?

Do you require any other specific tests, forms, or paperwork from our students?

Are there any project ideas you might like to develop with us in the future:

Do you require an orientation for our students?

Are there any other contacts (those who may be supervising our students) Names/Titles of other member(s) of your organization we can contact regarding our students:

Is there anything else we should know?

Forms may be submitted via email, fax or discussed and filled out over the phone.

*If you have any questions or concerns, please contact The Center for Service-Learning at (718) 368-5656. Thank you for your time and feedback.*

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Attn/Subject: Service LCP Information Form