

SERVICE LEARNING SITE QUESTIONNAIRE

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name/Title: _____

Phone: _____

Email: _____

Services Offered: _____

1. Preferred work schedule: _____

2. What, if any, specific skills or abilities should the student to bring to your organization?

3. How can the student assist your organization? Is there a specific project for the student? You may attach a volunteer job description, if available. Is there a special event which needs help? Is so, what are the dates of the event?

Other Comments?