

EPCC SERVICE-LEARNING AGENCY INVOLVEMENT FORM

Return to: El Paso Community College

P.O. Box 20500

EL Paso, TX 79998

Service Learning Program

servicelearning@epcc.edu

FAX: (915) 831-3244

Phone: (915) 831-4252

Agency Name: _____

Street Address (where students will work): _____

Major Crossroads or directions: _____

Mailing Address (if different): _____

City: _____ Zip: _____

Mailing ATTN: (if different from Student Contact): _____

Nature of your Agency: _____

_____ Organization Type (BUS / GOV / NP): _____

Wish List: _____

Are you interested in Service "Events", (eg, "Into the Streets"?) **YES NO** Event Contact/Phone: _____

Would you like to be listed in the Student Referral Packet for Individual Experiences? **YES NO**

If YES, any semesters that you would **NOT** want students to inquire? ☐ **FALL** (late Aug – Dec) ☐ **SPRING** (Jan – May) ☐ **SUMMER**

This Involvement Form is submitted for a ONE-TIME ONLY placement situation. DON'T list us in future Student Referral Packets! ☐

Information for Individual Service-Learning Experiences

Nature of Work Available for Service-Learning Students: _____

Training Offered, if any: _____

Skills, desired or needed: _____

Restrictions (licenses, fingerprints, etc.): _____

Keywords you would use to identify your agency (when looking for an agency at which to serve, students can search by keyword):

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Typical Days (Sun M T W H F Sat) & Time Slots when students could serve: _____

Contact Name for Students: _____ Phone (_____) _____ - _____

Title: _____ FAX : (_____) _____ - _____

Email: _____

If applicable, an alternate contact for students (name, title, phone):	Special instructions for students when making initial contact:
_____	_____
_____	_____

Upcoming Events and Possible Student Projects

Check One: ☐ **Active** / ☐ **Inactive**

Date Forms Rec'd (inc. year): _____