

### AGENCY/ORGANIZATION APPLICATION

Agency/ Organization \_\_\_\_\_ Date: \_\_\_\_\_

Department \_\_\_\_\_

Address \_\_\_\_\_

Website \_\_\_\_\_

Volunteer Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Organization type

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Special Events  | <input type="checkbox"/> Government Organization |
| <input type="checkbox"/> United Way agency       | <input type="checkbox"/> Non-profit org. | <input type="checkbox"/> Other _____             |

Are you tax exempt?  Yes  No

**If yes, enclose a copy of your exemption letter from the IRS.**

If no, are you a  Public Agency  For-Profit Org.  All Volunteer Staff Organization

What is your mission? \_\_\_\_\_  
\_\_\_\_\_

What community issue(s) does your organization address? (mark all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Crisis Response and Assistance | <input type="checkbox"/> Addiction             | <input type="checkbox"/> Education/Literacy   |
| <input type="checkbox"/> Disabilities and/or Disease    | <input type="checkbox"/> Domestic Violence     | <input type="checkbox"/> Health Care          |
| <input type="checkbox"/> Environmental Issues           | <input type="checkbox"/> Family Asset Building | <input type="checkbox"/> Mental Health        |
| <input type="checkbox"/> Homelessness                   | <input type="checkbox"/> Low-income Assistance | <input type="checkbox"/> Refugee Assistance   |
| <input type="checkbox"/> Parks and Gardens              | <input type="checkbox"/> Recreation            | <input type="checkbox"/> Sports and Fitness   |
| <input type="checkbox"/> Senior Citizens                | <input type="checkbox"/> Sexual Assault        | <input type="checkbox"/> Youth Asset Building |
| <input type="checkbox"/> Visual and Performing Arts     | <input type="checkbox"/> Vulnerable Youth      | <input type="checkbox"/> Animals              |
| <input type="checkbox"/> Workforce Development          | <input type="checkbox"/> Cultural Awareness    | <input type="checkbox"/> Other _____          |

The Service Learning Students will (mark all that apply):

- Client Contact       Web Design     Program Evaluation     Clerical
- Companionship       Research       Fundraising       Animal Care
- Mentoring       Marketing       Tax/IRS Consulting     Events/Camps
- Writing       Tutoring       Outreach       Food Prep/Serving
- Registration       Sorting Donation     Health Services
- Technical/Industrial     Resource Referral     Construction/Interior Design

Other \_\_\_\_\_

Describe the training and/or orientation for volunteers (location, length of time)

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Benefits (i.e. job training, meals, fun, parking, references)

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Minimum length of service required: \_\_\_\_\_

What times can work be done?  All/any     Evenings     Weekends     Mornings     Afternoons  
 Specific day(s)/time(s) \_\_\_\_\_

Minimum volunteer age? \_\_\_\_\_

Requirements?  Driver's License       Physical requirements that may exclude some volunteers  
 Background Check     Other \_\_\_\_\_

Is access to a car necessary?  yes  no    Are you on a CCT line?  yes  no

Will the work be done at a location different from the organization's main address?  yes  no

If yes, what is the address? \_\_\_\_\_

**★ Please provide a brochure, publicity flyer and/or similar information ★**  
CTC uses this information to fully understand your program and to inform potential volunteers

Your agency/ organization information  
to be featured on our website:

**Which category would you like your agency listed under (choose one or more)**

<input type="radio"/> Accounting	<input type="radio"/> Health
<input type="radio"/> Animals	<input type="radio"/> Homelessness
<input type="radio"/> Arts	<input type="radio"/> International
<input type="radio"/> Community Improvement	<input type="radio"/> Office Support
<input type="radio"/> Community Support	<input type="radio"/> Parks and Recreation
<input type="radio"/> Crime Prevention	<input type="radio"/> Senior Citizens
<input type="radio"/> Education	<input type="radio"/> Technology and Media
<input type="radio"/> Environment	<input type="radio"/> Youth

**Who should students contact?**

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are there appropriate times for student contact (a.m./p.m., M-F)? : \_\_\_\_\_

How far in advance should you be contacted in order to be willing to work with students?

\_\_\_\_\_

Is there any other information you would like listed with your organization on our website?

\_\_\_\_\_

\_\_\_\_\_



# Chattahoochee TECHNICAL COLLEGE

*The Center for Service Learning*

## COMMUNITY PARTNER PLACEMENT AGREEMENT

Chattahoochee Technical College (CTC) and \_\_\_\_\_ (please enter the name of your agency/ organization) enter into this agreement because CTC wishes to supply its students with opportunities to learn by providing services to the community, and the agency is willing and capable of providing a learning experience.

### The CTC Center for Service Learning and the Agency agree as follows:

1. **Agency Responsibilities:** The agency shall provide the students with safe working conditions within which to provide the services. The agency shall not direct or permit students to undertake activities that may be risky or inherently dangerous. The agency shall provide sufficient instruction to the students.
2. **Agency Right to Screen or Reject:** The agency shall retain the right at all times to screen students before they deliver services and to reject the services of any student.
3. **Nondiscrimination:** The Agency shall not unlawfully discriminate, either in the provision of Services or employment, against any person on the basis of race, color, sex, religion, age, national origin, disability, or veteran's status. The Agency shall comply with all applicable laws relating to non-discrimination.
4. **Insurance and Indemnification:** Any appropriate liability for student volunteers is to be provided by the community agency in accordance with that provided for their other volunteers and should be discussed and confirmed with the student. By signing below, the agency is confirming that all volunteers are insured.

Please check this box if your organization is a government agency that does not provide insurance for volunteers. By checking this box, you are agreeing to sections 1-3 only.

Agency Representative Name (print) \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_