

COMMUNITY PARTNER PROFILE

Agency Name:					
Agency Address:	Agency Website:				
Contact Person:	Title:				
Phone:	Fax:				
Email Address:	Best time to contact:				
Best method:					
Type of Organization (check all that apply):					
<input type="checkbox"/> Government <input type="checkbox"/> Non-Profit <input type="checkbox"/> For Profit <input type="checkbox"/> Faith-Based <input type="checkbox"/> School <input type="checkbox"/> Hospital					
Short Description of Agency Mission and Focus (attach agency brochure if available):					
Population(s) Served:					
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Infants <input type="checkbox"/> Children <input type="checkbox"/> Adolescents <input type="checkbox"/> Families <input type="checkbox"/> Seniors <input type="checkbox"/> Women/Girls <input type="checkbox"/> Men/Boys <input type="checkbox"/> General Public </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> GLBT Community <input type="checkbox"/> ESOL Community <input type="checkbox"/> Immigrants/Refugees <input type="checkbox"/> Homeless Population <input type="checkbox"/> Low Income <input type="checkbox"/> HIV/AIDS Community <input type="checkbox"/> Animals <input type="checkbox"/> Environment </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Specific Racial/Ethnic/Cultural Groups <input type="checkbox"/> People w/ Physical Disabilities <input type="checkbox"/> People w/ Developmental Disabilities <input type="checkbox"/> People w/ Mental Health Disabilities <input type="checkbox"/> People w/ Learning Disabilities <input type="checkbox"/> People w/ Health Related Illness <input type="checkbox"/> People w/ Addictions <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Infants <input type="checkbox"/> Children <input type="checkbox"/> Adolescents <input type="checkbox"/> Families <input type="checkbox"/> Seniors <input type="checkbox"/> Women/Girls <input type="checkbox"/> Men/Boys <input type="checkbox"/> General Public	<input type="checkbox"/> GLBT Community <input type="checkbox"/> ESOL Community <input type="checkbox"/> Immigrants/Refugees <input type="checkbox"/> Homeless Population <input type="checkbox"/> Low Income <input type="checkbox"/> HIV/AIDS Community <input type="checkbox"/> Animals <input type="checkbox"/> Environment	<input type="checkbox"/> Specific Racial/Ethnic/Cultural Groups <input type="checkbox"/> People w/ Physical Disabilities <input type="checkbox"/> People w/ Developmental Disabilities <input type="checkbox"/> People w/ Mental Health Disabilities <input type="checkbox"/> People w/ Learning Disabilities <input type="checkbox"/> People w/ Health Related Illness <input type="checkbox"/> People w/ Addictions <input type="checkbox"/> Other: _____	
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Below, please list the community issues that your agency addresses (ie. Education, Health, Arts, Environment, etc.):					
Which of the following class topics link with your agency's programs and services:					
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PLEASE CONTINUE ON REVERSE...

Which of the following categories of service-learners/volunteers can your agency accommodate?

- Individuals Groups One-Day Families

YES! We are interested in being a service-site for an annual "SERVICE DAY" for Carroll Community College students.

Special Requirements (please note cost if applicable):

- Background Check Driver's License Computer Literacy First Aid/CPR TB Test

Please describe service-learning opportunities available. Please be as specific as possible.
Attach position descriptions if available.

Please describe any required agency training including dates, times and hours if applicable:

Which of the following times would service-learners be able to serve? Please include specific hours in the space provided.

- | | | | | |
|-----------------------------------|-------------------------------------|-----------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings | <input type="checkbox"/> Nights | <input type="checkbox"/> Weekends |
|-----------------------------------|-------------------------------------|-----------------------------------|---------------------------------|-----------------------------------|

What is the minimum hour commitment?

What is the minimum age requirement?

Is the service-site accessible by public transportation?

Is parking provided?

Submitted by:

- On behalf of my organization, I agree to the terms and conditions listed in the Community Partnership Agreement.
I have read and signed the Memorandum of Understanding and have returned a copy to the Center for Service-Learning.

Signature:

Date:

- YES! I have attended a previous Community Partner Orientation through the Center for Service-Learning.
 NO! I have not yet attended a Community Partner Orientation through the Center for Service-Learning.

