

Dorm \_\_\_\_  
Plunge \_\_\_\_  
CBD \_\_\_\_  
SL \_\_\_\_  
Long-term \_\_\_\_

## Agency or Organization Request Form

Date of request: \_\_\_\_\_

Date(s) of the service project (if applicable): \_\_\_\_\_

Agency or organization name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website address: \_\_\_\_\_

Major/course (if applicable): \_\_\_\_\_

Professor (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

Agency or organization description:

Agency objectives and/or activities for the student volunteer:

Minimum hours student needs to volunteer: \_\_\_\_\_

Minimum length of time student needs to volunteer: \_\_\_\_\_

Number of student volunteers that you can take per semester: \_\_\_\_\_

Requirements for student volunteers (i.e. age, tests, experience, application):

Have you had Whitworth students volunteer with you before? \_\_\_\_\_

If so, when and what for? \_\_\_\_\_

How did find out about us?