



WHITWORTH

CENTER FOR SERVICE-LEARNING
AND COMMUNITY ENGAGEMENT

SERVICE REQUEST FORM

Date of request _____

Agency/Organization _____ Contact _____

Email Address _____ Phone _____ Best way to Contact _____

Street _____ City _____ Zip Code _____

Days / Time of operation: _____

Organization /Agency Description:

Agency objectives and / or activities for students:

Previously engaged with Service Learning? Yes No

If so, when and what for? _____

Project Date(s): Ongoing One Time Per Semester (Check box below)

Fall (Sept - Dec) Jan Term (Jan) Spring (Feb - April)

1. Number of students needed: _____

2. Minimum hours each student needs to engage: _____

3. Minimum number of times student needs to engage:

1 time only /Wk / Mo /Semester

4. Requirements for students (paperwork, age, tests, experience, application, background checks):

How did you find out about us? _____

Please mail, fax or email this form to the following:

Center for Service-Learning and Community Engagement

300 W. Hawthorne Road, Spokane, WA 99251

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