



SERVICE LEARNING PROGRAM Community Partner Questionnaire

Contact Information:

Name of Agency/Organization: _____ Date _____

Physical Address: _____

Mailing Address: _____

Phone: _____ Fax: _____ Website: _____

**If no website, please include a brochure or fact sheet if available.*

Contact: _____ Phone: _____ E-mail: _____

Mission/Goal of Agency/Organization: _____

What are your hours of operation? _____

What days and times do you need volunteers? _____

Is the volunteer schedule flexible? _____ Number of volunteers are needed? _____

What kind of duties will student volunteers be performing? (Please attach position description if possible)

Special skills preferred: _____

Are there any guidelines/rules you want students to be aware of? _____

Please return to:

FVCC Service Learning Office • 777 Grandview Drive • Kalispell, MT 59901

Wendy Jeschke, Coordinator • 406-756-3908 • fax 406-756-3815 • wjeschke@fvcc.edu

Date: _____
Category: _____