

Community Service Learning Community Partner Application for Local Board Approval

Community Partner Information

- Name of organization:
- Name of director/contact person:
- Full address:
- County or counties served:
(Note: If this is a statewide or out-of-state organization, please indicate it as such)
- Phone number:
- Email address:
- Hours of operation:

- What is the mission of the organization?
- What service(s) does the organization provide?
- Please describe the service learning activities students will participate in at the organization and how those activities may connect to curriculum learning goals:
- The [CSL Guidance Document](#) requires “precautions, policies, and procedures” in place to ensure the safety of student volunteers (5.01.4). How will this organization ensure student safety?
- List any special considerations of the organization (optional):

Local School Board approval of this site as a district partner

Signature of school board president

Date of meeting at which site was approved

Email completed application/this form to both emails below:

Lauren Bryant, MCHS CSL Coordinator

| Email: lauren.bryant@academicsplus.org | Email: mchs.communityservice@academicsplus.org |