		For Office Ose Offiy
		Culture/Arts
		Diversity
		Elder/Intergenerational Health/Wellness
SERVICE-LEARNING REGIS	Sustainability:	
	Economics	
COMMUNITY AGENCY		Environment
	Equality	
Instructions: Please complete the following information to register your organization/agency with the <i>CommunityEngagement@Wayne</i> Office.		Youth:
		Leadership
		Literacy
Name of Organization/Agency		Tutoring
Contact Person		
Title		
Mailing Address		
City	State	Zip
Phone Number	Fax	
E-mail	Website	

Please describe your organization/agency and the services it provides to the community. Please include a description of the population you serve. (Attach additional sheets, if necessary.)

Are you interested in hav	ing Wayne State Univ	versity students serv	ve with your organization?
No	Yes	If yes, when?	Fall Semester
			Winter Semester
			Spring/Summer
			All
Please describe the need	Wayne State Univers	ity students will ad	dress in your organization.
Service Site Location			
Site Supervisor			
Phone		Fax	
Email		_	
Please specify the days a	nd hours of the week	you need voluntee	r assistance.
DAY OF THE WEEK	Morning		AFTERNOON
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			





How many students does your organization/agency need during a semester?
Fall (Early September – early December)
Winter (Mid January – late April)
Spring/Summer (Late May – Mid August**)
Does your organization/agency require volunteers to undergo specialized training or orientation before beginning their service activities?
No Yes (If so, please describe those requirements below.)

Please return the completed form via email or fax to:

Monita Mungo
Program Manager
CommunityEngagement@Wayne

Honors College Wayne State University 2100 Undergraduate Library 5155 Gullen Mall Detroit, MI 48202

(313) 577-9216 voice

(313) 577-6425 fax

momungo@wayne.edu

Please visit our website at www.communityengagement.wayne.edu.

If you have any questions, please feel free to contact us!



