SERVICE-LEARNING REGISTRATION FORM

COMMUNITY AGENCY

Instructions: Please complete the following information to register your organization/agency with the CommunityEngagement@Wayne Office.

Name of Organization/Agency_____________________________________________________

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.)

For Office Use Only

___ Culture/Arts
___ Diversity
___ Elder/Intergenerational
___ Health/Wellness
___ Sustainability:
     Economics
     Environment
     Equality
___ Youth:
     Leadership
     Literacy
     Tutoring
Are you interested in having Wayne State University students serve with your organization?

____ No  ______ Yes  If yes, when?  ____ Fall Semester

____ Winter Semester

____ Spring/Summer

____ All

Please describe the need Wayne State University students will address in your organization.

Service Site Location_____________________________________________________________

Site Supervisor__________________________________________________________________

Phone_________________________________  Fax___________________________________

Email__________________________________

Please specify the days and hours of the week you need volunteer assistance.

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<th>DAY OF THE WEEK</th>
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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!