

Service Learning Program Community Partner Application Form

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Date Submitted:	
Agency/Organization/Company Name:	
Name of Contact Person:	
Address:	
City, State ,Zip:	
Phone:	
Email Address:	
Fax:	
Website:	
Tax Status:	
Please provide a brief description of your organization as you would like it to appear in the directory.	
Please list your volunteer needs:	
Hours/Days volunteers are needed:	
Special or requirements (i.e. bilingual, TB test)	
Orientations/Training requirements (i.e. attend orientations)	
Bus/Trolley route closet to your organization	
Please attach the following to this application form: Organization/Agency's Mission Statement/Goals Non-discrimination Policy	Please return this form with the requested attachments to: Southwestern College Office of Student Activities 900 Otay Lakes Rd., Chula Vista, CA 91910 For any questions or clarification, please contact Jenny Marasigan 619.482.6537 jmarasigan@swccd.edu
Reviewed by:	