**Southwestern College Service Learning Program**

***Community Partner Directory Form***

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| **Organization Name:** | Click here to enter text. |
| **Contact Name:** | Click here to enter text. |
| **Address:** | Click here to enter text. |
| **City, State, Zip:** | Click here to enter text. |
| **Phone:** | Click here to enter text. |
| **Fax:** | Click here to enter text. |
| **E-mail Address:** | Click here to enter text. |
| **Website:** | Click here to enter text. |
| **Please provide a *brief* description of your organization as you would like it to appear in the directory**  | Click here to enter text. |
| **Please list your volunteer needs** | Click here to enter text. |
| **Hours/Days volunteers are needed within** | Click here to enter text. |
| **Special needs or requirements (i.e. bilingual, TB test)** | Click here to enter text. |
| **Orientation/Training requirements (i.e. attend orientation)** | Click here to enter text. |
| **Bus/Trolley route closest to your organization** | Click here to enter text. |

**Please return this form to:**

**Sandy Calderon at** **scalderon@swccd.edu** **or fax to 619-482-6493**

**If you have any questions please contact me at 619-482-6537 or scalderon@swccd.edu.**