Community Partner Request

The purpose of this form is to help the Applied Learning Program at SMC learn about your organization, the community your organization serves, any participant requirements and opportunities for students to be involved. Please note that Information provided below will be accessible on the Community Partner Database found on the SMC Career Services Center website. Only approved organizations are listed in the Community Partner Database. Please contact the Career Services Center or refer to the Career Services Center to learn how your organization can become an Applied Learning Community Partner.

Organization Contact Information

Organization Name: _____

Organization Address: _____
 Street Number   City   Zip Code

Organization Website: _____

Type of Organization: ☐ Non-Profit ☐ Government ☐ Educational Institution ☐ Other _____

Supervisor Full Name: _____   Job Title: _____

Email: _____   Phone Number: _____

Fax Number: _____   Organization URL Website: _____

Organization Description, Projects, and Requirements

Please provide a brief description of your organization (You may attach a flyer or brochure in addition to your description):

What are your hours of operation (days and times when SMC applied learning students are able to provide service)? We recommend that organizations offer as many days/times as possible.

Monday Hours: _____   Tuesday Hours: _____   Wednesday Hours: _____

Thursday Hours: _____   Friday Hours: _____   Saturday Hours: _____

Sunday Hours: _____

How many hours would you like SMC applied learning students to provide service at your organization? Check all that apply. We do recommend that organizations offer at least 15 to 20 hours as the number of hours required of a student in an applied-learning course is often around 15 to 20 hours.

☐ 0 to 10 hours each semester: ☐ 11 to 15 hours each semester:

☐ 15 to 20 hours each semester: ☐ 20 hours plus each semester:

How many students can you utilize at one time?   Per Day (Minimum/Maximum): _____   Per Semester (Minimum/Maximum): _____

Please provide a list of potential applied learning projects for students to complete and anticipated time to complete the project?

What community needs does your organization address (check all that apply)?

☐ Advocacy, Community	☐ Animal Welfare	☐ Arts and Culture	☐ Civic Engagement	☐ Community Development	☐ Disabilities, People with
☐ Domestic Violence	☐ Education/Adult	☐ Education/ESL	☐ Education/Youth Development and Mentoring	☐ Elderly Programs and Services	☐ Environmental/ Global Issues
☐ Family Services	☐ Health Services	☐ Health, Mental	☐ Homelessness	☐ Housing	☐ Hunger
☐ Immigration	☐ Labor	☐ Legal	☐ LGBTQ	☐ Low Income	☐ Social Justice
☐ Wellness and Fitness	☐ Women's Issues	☐ Veteran Affairs			

☐ Other: _____

Does your organization have any special requirements (Check all that apply)?

☐ Age 18+	☐ Application	☐ Background Check	☐ Bilingual: _____	☐ Computer Literacy	☐ Confidentiality Agreement
☐ Drug Screening	☐ Fingerprinting	☐ First Aid/CPR Certified	☐ Interview	☐ Pre Training	☐ Reference Check
☐ TB Test					

☐ Other: _____

Thank you for taking the time to complete this form. If you have any questions in regards to this form or the Applied Learning Program, please contact the Career Services Center.