



MISSOURI UNIVERSITY OF SCIENCE & TECHNOLOGY
ACADEMIC SERVICE LEARNING PROGRAM
STATEMENT OF SERVICE NEEDS

Date:

Organization Name:

Street Address:

City:

Zip:

Contact Person(s):

Telephone Number:

Ext.

Fax:

E-mail Address:

Organization Description/Mission:

Service Learning Opportunities at Your Organization:

Orientation/Training schedule (if applicable):

Special Conditions or Requirements:

Number of Service Learning Students Needed:

Time of Year Needed (Specify date(s), if applicable):

Hours of Operation When Students Are Needed:

Minimum Hourly Commitment Required: Weekly:

Other:

Do you have liability insurance that covers your organization's volunteers?

Contact Person's Signature:

Comments:

Please complete this form and return it to the office below:

Attn: Dedie Wilson
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Office of Academic Support
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Rolla, Missouri 65409
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