



**COMMUNITY PARTNER AND STUDENT DATA FORM**

Semester: \_\_\_\_\_  
Community Partner/Project title: \_\_\_\_\_  
Description of Project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
Community Contact: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Site: \_\_\_\_\_

Office Hours: \_\_\_\_\_

Location/Directions: \_\_\_\_\_

Agency Description: \_\_\_\_\_

Training: \_\_\_\_\_

Time Commitment: \_\_\_\_\_

Skills, Experience, & Special Requirements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer Involvement: \_\_\_\_\_

\_\_\_\_\_

Number of Students Participating: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

Describe Reflection Component: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Assessment forms completed: \_\_\_Yes \_\_\_No