CSULB Center for Community Engagement
Community Service-Learning Opportunity

☐ This is my first time contacting CCE.
☐ I am updating our agency’s information.

Organization Information

Organization Name: ________________________________________________________________
Mailing Address: __________________________________________________________________
Website: _________________________________________________________________________

Primary Contact Name: _______________________________________________
Title: ______________________________________________________________
Phone: ____________________________________________________________
Email: _____________________________________________________________
Fax: _______________________________________________________________

Organization Description:

Community Service-Learning Project Information

(You may attach additional sheets for multiple projects.)

Project title: ______________________________________________________________________
Project purpose:

Specific tasks or activities:

1.
2.
3.

Number of students needed: ________
Number of hours per week: _________

Timeframe during which students can serve: All/Any  Weekends  Weekdays  Evenings  Mornings  Afternoons

Requirements for this project:

☐ TB Test
☐ Fingerprint/Background Check
☐ Orientation/Training, please list dates/times ________________________________
☐ Other ____________________________________________

Do you provide worker’s compensation coverage for students?  Yes   No

Please submit this form through email to kchoi6@csulb.edu or fax to (562) 985-2129.
Questions? Call (562) 985-2307