

**VOLUNTEER AGREEMENT
COMMUNITY INVOLVEMENT FORM**



Semester: _____

Course Name/#: _____ # of Units: _____

Grade Mode: **CR/NC Only**

Student Name: _____

Major: _____

Student ID Number: _____

Email: _____

Address: _____

Telephone Number: _____

Volunteer Title: _____

Date: _____

AGENCY: _____

Address: _____

Telephone Number: _____

City/Zip: _____

Name and Title of Agency Supervisor: _____

Telephone Number: _____

Volunteer's Objectives, Duties, and Responsibilities: _____

I have read the accompanying CIP guidelines and agree to uphold the standards therein. I am aware that I must complete 45 hours of direct community service work per unit to receive credit.

APPROVAL:

1. Student Signature: _____

Date: _____

2. Agency Supervisor: _____

Date: _____

3. Faculty Sponsor: _____

Date: _____

Print

4. School Dean: _____

Date: _____

PROCEDURES:

1. Complete this form, securing all signatures required in order listed on this form.
2. File form with the Scheduling Office, STEV 1024, during the add/drop period.
3. Check with your faculty advisor for specific course requirements.