

**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: \_\_\_\_\_

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**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.