## Glendale Community College Center for Student Involvement Service Learning Placement Form



## THIS FORM SHOULD BE TURNED IN TO THE SERVICE LEARNING CENTER (SM 267) BEFORE

(Due Date) Last Name: GCC ID #: \_\_\_\_\_ GCC Course Name and Number: Instructor: COMPLETE THE SECTION BELOW WITH THE AGENCY SUPERVISOR Agency Name: Agency Phone Number: Agency Representative Completing This Form: Name/Title Days and Hours of Service: **Agency Representative Signature Student Signature** I agree to accept the student named above and I agree to the terms and conditions set forth above Provide adequate supervision at this service site. & will perform my duties to the best of my abilities. ------ FOLD HERE -----**Agency Referral Worksheet** It might be a good idea to develop one or two objectives/reasons why you want to do your service at the place that you have picked. For example: "I would like to learn more about children with disabilities because I would like to be a social worker." Write these down for when you are ready to call the agencies. Objective 1: \_\_\_\_\_ If you need to write down contact information, you may use the spaces provided below. Agency Name \_\_\_\_\_ Address \_\_\_\_ Contact Name Phone Number Email Agency Name \_\_\_\_\_ Address \_\_\_\_ Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Email\_\_\_\_\_ Agency Name \_\_\_\_\_ Address \_\_\_\_ Contact Name Phone Number Email