

**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