# Community Service Learning Community Partner Application for Local and State Board Approval

#### **School District Information**

- Name of the School District Initiating this application:
- Name of the district/school licensed faculty supervisor(s) with whom non-profit/community organizations will be working:

#### **Community Partner Information**

- Name of non-profit/ community organization:
- Name of Director/ Contact Person:
- Address:
- Phone Number:
- Email Address:
- Hours of operation:
- What is the mission of the non-profit/community organization?
- What service(s) does the non-profit/community organization provide?
- Please <u>describe</u> the volunteer activities students will participate in at the non-profit/community organization and <u>how</u> those activities may connect to curriculum learning goals.
- The Act 648 implementation guide requires "precautions, policies, and procedures" in place to ensure the safety of student volunteers. How will this non-profit/community organization ensure student safety?
- List any special considerations of the non-profit/community organization.

### Local School Board approval of this site as a district partner

Signature of school board president	Date of meeting at which site was approved

## Email or mail completed application and this form to:

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