

Agency Registration Form

San Antonio College Service-Learning Program

Please provide us with a basic profile of your agency and/or program. Include details on services provided and the clients you serve.

Full Organization Name: _____

Program or Site Name: _____

The purpose statement should contain basic information about the services you provide and how volunteers fit into your agency. Please keep in mind that this statement is the first impression many potential service-learning participants will receive of your agency.

Agency/Program Purpose (please limit to 50 words):

Below, please name a primary as well as a secondary contact person. The primary contact should be your agency's/program's volunteer coordinator and will also be the person to whom all mailings and announcements from the San Antonio College Service-Learning program. The secondary contact should be the name of a director or supervisor of the primary contact.

Primary Contact: _____ Title: _____

Mailing Address: _____

City/State: _____ Zip Code: _____

Phone #: _____ Fax #: _____ E-

mail: _____

Secondary Contact: _____ Title: _____

Mailing Address: _____

City/State: _____ Zip Code: _____

Phone #: _____ Fax #: _____ E-

mail: _____

Agency Type:

- | | |
|--|---|
| <input type="checkbox"/> Non-Profit Organization [501(c)(3)] | <input type="checkbox"/> School |
| <input type="checkbox"/> Hospital/Clinic/Nursing Home | <input type="checkbox"/> Government or Public Agency (City, County, State, Federal) |
| <input type="checkbox"/> ACCD Department/Organization | <input type="checkbox"/> Other _____ |

Does your agency have a vehicle that could be used to transport groups of participants if needed? Yes No

Please identify the issue area(s) that your organization serves. If there is more than one, please rate in order of importance to your organization.

- | | | |
|---|---|---|
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Legal Issues |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Education (Children) | <input type="checkbox"/> Literacy and Adult Education |
| <input type="checkbox"/> Campus (ACCD) | <input type="checkbox"/> Environment & Animals | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Children and Youth | <input type="checkbox"/> Health Care/Health Education | <input type="checkbox"/> Public/Consumer Info |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Senior Citizens |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Hunger and Homelessness | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Diversity and Race Relations | <input type="checkbox"/> International Issues | <input type="checkbox"/> Women's Issues |
| <input type="checkbox"/> Other _____ | | |

Please return this completed form to the San Antonio College Service-Learning program along with your Volunteer Request Form(s) and your signed Statement of Agreement Form. If you have any questions, please do not hesitate to call any of the Service-learning coordinators for information.

For office use only	Received: _____	Entered: _____	Initials: _____
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