



Student Name	
Phone Number	
email address	
Course	
Instructor	
Minimum Hours Required	
Community Partner	
Address	
Supervisor/Contact Person	
Phone number	
Email Address	
Beginning Date	
Day(s)/Time(s) of commitment	

Objectives

- 1. What goals does the community partner hope to achieve?**
- 2. What goals does the student participant hope to achieve?**
- 3. How will each party achieve those goals?**
 - a. Student**

 - b. Community partner**
- 4. What evidence will be shown that the goals have been met? (i.e. daily journals, progress reports from community partner, etc.)**
- 5. For the student, how will your service work relate to your course objectives?**