

CHICAGO PUBLIC SCHOOLS – SERVICE LEARNING PROGRAM
AGENCY INFORMATION (Complete BOTH pages, please!)

PLEASE PRINT OR TYPE. Additional pages may be attached if necessary.

Name of Agency: _____

Contact person: _____ Title: _____

Address: _____ Zip Code: _____

Phone #: _____ Fax #: _____

e-mail: _____

Agency web address: _____

Agency mission (50 words or less): _____

Which neighborhood(s) does this agency serve? _____

What is this agency's minimum age for your youth volunteers? _____

Please indicate the types of service this agency provides.

Rank the top three selections based on agency priority, if appropriate. 1 = main service; 2 = secondary service; 3 = tertiary service.

- | | |
|---|--|
| ___ Animal protection and welfare | ___ Health programs |
| ___ Arts, cultural organizations | ___ Homeless, temporary shelter |
| ___ Children and youth services | ___ Hotline, crisis intervention services |
| ___ Community, neighborhood development & improvement | ___ Housing development/rehabilitation |
| ___ Consumer protection and safety | ___ Human service – multipurpose |
| ___ Crime/legal related | ___ Mental health |
| ___ Education, children, adult literacy | ___ Money management, financial counseling |
| ___ Employment/vocational rehabilitation | ___ Public safety, disaster preparedness, relief service, and safety education |
| ___ English as a second language | ___ Residential/custodial care |
| ___ Environmental/beautification | ___ Service to promote the independence of specific population groups |
| ___ Family services | ___ Shelter (temporary) |
| ___ Food distribution programs | ___ Sports and recreation |
| ___ Gift distribution | ___ Technical support for specific agency programs |
| ___ Health (general and rehabilitative) | |

Please submit a copy of your organization's 501(c)(3) letter and attach a list of all agency sites with address, zip code, phone number and contact name.

Please return all forms to Jon Schmidt, Service Learning Manager.

Fax: (773) 553-2148 **Phone:** (773) 553-3425 **e-mail:** jjschmidt@csc.cps.k12.il.us

Mail: Chicago Public Schools, OHSD – 9th Floor 125 South Clark Street, Chicago, IL 60603

YOUTH SERVICE LEARNING POSITION DESCRIPTION

Please complete one form for each position available (additional pages may be attached if necessary)

PLEASE PRINT OR TYPE

Youth volunteer position title: _____

Number of positions available: _____

Time commitment required for this assignment:

1 day 1 wk 1 mo. or less 2-3 mos. 4-6 mos. 6 mos. to 1 year

Amount of training by the agency required prior to start of the assignment: _____ hours

Application/interview process for volunteers: _____

Please check each day when volunteers are needed:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Please check each time when volunteers are needed:

Morning (weekend/vacation only) Afternoon Evening

Please list any **specific dates** for this assignment: _____

Is the site of this assignment accessible by **public transportation**? Yes No

Purpose of this position (50 words or less): _____

Responsibilities (50 words or less): _____

Skills needed and other expectations (50 words or less): _____

Who will supervise the student? _____

Please include any forms this agency requires its volunteers to complete. Don't forget to send us a copy of your organization's 501(c)(3) designation letter.

Agency Contact Signature

Date