

VOLUNTEER SERVICE PROPOSAL FORM
Due Friday of the Fourth Week (Including Partial Weeks) of Class

Name: _____

Social Security Number: _____ Date: _____

Semester (Fall/Spring) and Year: _____

Agency or Entity: _____

Supervisor: _____

Explanation of Duties/Responsibilities:

Student Signature: _____

Supervisor Signature: _____

Coordinator Signature/Date:

_____ Proposal Approved

_____ Proposal Returned for Modification

Due :

_____ Proposal Approved, with Stipulations