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 describe the volunteer activities students will participate in at the non-profit/community organization and how those activities may connect to curriculum learning goals. The Act 648 implementation guide contains a breakdown of a few subject areas and goals.
* What are the non-profit/community organization procedures and policies to ensure the safety of student volunteers?
* List any special considerations of the non-profit/community organization.

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

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

**Return completed application and this form to**

Melissa Starkey

Social Studies Specialist

Curriculum Support Services

Division of Elementary and Secondary Education

Email: [Melissa.Starkey@ade.arkansas.gov](mailto:Melissa.Starkey@ade.arkansas.gov)

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