

Office of Continuing Education and Service-Learning

Dr. Rory L. Bedford, Director

Individual Prior Approval Service-Learning Volunteer Form

Telephone #:	Email Address:
<u>(</u>	Community Project Information
Name of the Organization:	
Name of the Organization Represen	Community Project Information of the Organization: of the Organization Representative/Verifier: t # for the Organization Representative/Verifier: unity Partner(s) Name: unity Partner(s) Full Physical Address: mester(s) Community Project will be completed: detailed paragraph explaining the community project that will be completed (You may include to of service project, your responsibilities, targeted age group and etc.):
Contact # for the Organization Rep	resentative/Verifier:
Community Partner(s) Name:	
Community Partner(s) Full Physica	ıl Address:
The Semester(s) Community Project	ct will be completed:
1 0 1 1	
	<u>.</u>

Contact Us:

Mail: 403 Main Street, GSU Box: 4222, Grambling, LA 71245 Phone: 318-274-2118 / 318-274-2553

Email: pereram@gram.edu / johnsonn@gram.edu