Service Learning Worksite Confirmation

Name ________________________________  Course __________  Semester ________  Year __________

Agency  ______________________________________________________________________________

Location  _______________________________________________________________________________

Name of supervisor _________________________________________  Phone ______________________

e-mail: _________________________________________________________________________________

Name of other supervisor (s), if any, involved in overseeing your work _________________________________________

________________________________________________________  Phone ______________________

Who and how to contact in case of illness or emergency ___________________________________

Brief Job Description

If required interviews, training or certification have not yet taken place, please comment

Projected schedule, if regular

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<th>Wednesday</th>
<th>Thursday</th>
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<th>Saturday</th>
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Schedule, if project-based

Supervisor comments

Supervisor ________________________________  Date __________