

**THIS FORM SHOULD BE TURNED IN TO THE
MULTICULTURAL & COMMUNITY ENGAGEMENT CENTER (SM 267) BEFORE _____**
(Due Date)

Last Name: _____ First Name: _____ GCC ID #: _____

GCC Course Name and Number: _____ Instructor: _____

COMPLETE THE SECTION BELOW WITH THE AGENCY SUPERVISOR

Agency Name: _____ Agency Phone Number: _____

Agency Representative Completing This Form: _____
Name/Title

Days and Hours of Service: _____

Duties: _____

Agency Representative Signature
*I agree to accept the student named above and
Provide adequate supervision at this service site.*

Student Signature
*I agree to the terms and conditions set forth above
& will perform my duties to the best of my abilities.*

----- Fold Here -----

Agency Referral Worksheet (for student use only)

It might be a good idea to develop one or two objectives/reasons why you want to do your service at the place that you have picked. For example: "I would like to learn more about children with disabilities because I would like to be a social worker." Write these down for when you are ready to call the agencies.

Objective 1: _____

Objective 2: _____

If you need to write down contact information, you may use the spaces provided below.

Agency Name _____ Address _____

Contact Name _____ Phone Number _____ Email _____

Agency Name _____ Address _____

Contact Name _____ Phone Number _____ Email _____

Agency Name _____ Address _____

Contact Name _____ Phone Number _____ Email _____