

## Service Learning Activity Plan

Name: \_\_\_\_\_  
SPAN 494 Spanish through Service Learning/Spring 2006

One of the course requirements for SPAN 494 is the performance of a minimum of 20 hours of a volunteer service activity in the community that involves you with the Spanish-speaking communities of our region. This minimum of 20 hours must include 2 hours each week for 10 consecutive weeks. Although the course syllabus provides contact information about potential sites for such volunteer service, it is your responsibility (1) to identify the agency in which you will perform this volunteer service, (2) to provide information about an individual who can be contacted every two weeks about the quality and reliability of your service contributions along with contact information for this individual, (3) to clarify with the agency your responsibilities and any training the agency may require, and (4) to identify the location at which you will be performing this volunteer service activity and the usual dates and times during which the service takes place each week.

1. What is the name and address of the agency through which you will perform your volunteer service?

Name:	
Address:	
Telephone number:	

2. What is the name of the individual who will serve as your supervisor at this agency and how should he or she be contacted every two weeks for an evaluation of your service? If the supervisor is agrees, email is the preferred means of communication for this purpose.

Supervisor:	
Title:	
Preferred contact:	<input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Telephone
Email address:	
Telephone number:	
Best time to call:	
Fax number:	

3. Service responsibilities:

(a) What is the nature of the service activity for which you have volunteered and what are your responsibilities?
(b) Who will receive benefits from this service?
(c) Does the agency at which you are volunteering provide or require any kind of special training?
(d) What kind of contact will you have with your supervisor?

4. What is the address of the location at which you will be performing this service activity and what are the usual days and approximate times for your service activity?

Address:	
Days of the week:	
Time of day:	

I assume full responsibility for my experience in the service activity to which I have volunteered. I will keep my commitments and ask for assistance and guidance when I need support. I give permission for my supervisor to provide the regular evaluation information that will assist in determining this portion of my course grade.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**A completed copy of this form is due no later than the start of class on Friday, February 3, 2006.**