

EAGLETEERS COMMUNITY SERVICE PROGRAM AGENCY APPLICATION POLK STATE COLLEGE VOLUNTEER PROGRAM

(TO BE COMPLETED BY AGENCY VOLUNTEER COORDINATOR/DIRECTOR SUPERVISING THE PROJECT)		
VOLUNTEER		
Name of Volunteer:		Student No.:
Name of Agency/Project:	My sile M	M ₂ M ₂
Phone:	Fax:	Email:
Address:		
City:	State:	Zip Code:
(This should be the person who can verify the volunteer's hours and the quality of the volunteer's work.) Name of Contact Person:		
Title/Position of Contact Person:		Phone:
Contact Person Signature:		Date:
EAGLETEERS		
Days and Schedule for Volunteer:		
BRIEF DESCRIPTION OF VOLUNTEER'S JOB (i.e. team member, peer mentor, workshop presenter, and other duties as assigned)		
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Please return completed form to:

Polk State College

Attn: Matina Wagner, Coordinator

999 Avenue H NE, Winter Haven, FL 33881 Phone: 863.292.3699 • Fax: 863.297.1060

Email: mwagner@polk.edu