



Volunteer and Service Learning Center
 Career Development Center, GC 306
 Buffalo State College
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www.Buffalostate.edu/offices/cdc/vslc

Buffalo State College Service-Learning or Volunteer Request Form

Date: _____

Organization Name: _____

Address: _____

Name of Contact: _____ Title: _____

Phone: _____ Fax: _____

E-mail: _____ Web Address: _____

Contact Via: Telephone E-mail In-person Other _____

Agency description/overview:

Please check all that apply:

SERVICE-LEARNING VOLUNTEER OPPORTUNITY

Describe projects and/or activities, or attach a project/job description.

How many students will be needed for this project and/or activity?

Is this an opportunity for a one-time event or an on-going project? One time event Ongoing

Dates, days and hours when students are needed:

Is orientation/training required? YES NO If yes, please describe or provide a schedule of training classes: