

Service Engagement Opportunity Form

Organization Information

Organization Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Website _____

Contact Name _____ Phone Number _____

Title _____ Email Address _____

Organization Mission *(attach additional page(s) if necessary)*

Population Served *(check all that apply)*

- | | | | |
|--|--|--|---|
| <input type="radio"/> Advocacy/Human Rights | <input type="radio"/> Domestic Violence | <input type="radio"/> Homelessness | <input type="radio"/> Poverty |
| <input type="radio"/> Animals | <input type="radio"/> Education | <input type="radio"/> Housing | <input type="radio"/> Public Assistance |
| <input type="radio"/> Arts/Culture | <input type="radio"/> Elder Abuse | <input type="radio"/> Human Services | <input type="radio"/> Rural Concerns |
| <input type="radio"/> Children/Youth | <input type="radio"/> Emergency Services | <input type="radio"/> Hunger/Food | <input type="radio"/> Senior Citizen Concerns |
| <input type="radio"/> Civic/Community | <input type="radio"/> Employment | <input type="radio"/> Immigration | <input type="radio"/> Sexual Assault |
| <input type="radio"/> Community Development | <input type="radio"/> Environmental | <input type="radio"/> Labor | <input type="radio"/> Substance Abuse |
| <input type="radio"/> Consumer | <input type="radio"/> Family Planning | <input type="radio"/> Legal | <input type="radio"/> Technology |
| <input type="radio"/> Crime | <input type="radio"/> Family Violence | <input type="radio"/> Literacy | <input type="radio"/> Teen Pregnancy |
| <input type="radio"/> Cultural | <input type="radio"/> Foster Care | <input type="radio"/> Men's Concerns | <input type="radio"/> Transportation |
| <input type="radio"/> Death & Dying | <input type="radio"/> GLBT Concerns | <input type="radio"/> Mental Health | <input type="radio"/> Urban |
| <input type="radio"/> Disabilities | <input type="radio"/> Health | <input type="radio"/> Mentoring Services | <input type="radio"/> Women's Concerns |
| <input type="radio"/> Other <i>(please describe)</i> _____ | | | |

Requirements for Students/Volunteers working in your Organization

- Student Background Check Liability Insurance Application
- Other *(please explain)* _____

Project Information

- Service Learning Project — **Course-based** educational experience combining community service with academic instruction as it focuses on critical reflective thinking and civic responsibility.
 - Community Service Project — **Ongoing** service opportunity that may or may not be connected to an area of academic interest.
 - Volunteer Project — **One-time** commitment that may or may not be connect to an area of academic interest.
- Internship — Opportunities for students to gain **work experience** related to their career goals. For help developing an internship opportunity visit the Office of Career Development at www.pnc.edu/careers or contact them at careers@pnc.edu or at (219) 785-5451.

Need/Project Description (*attached additional page(s) if necessary*)

Indicate the academic term and/or the time commitment involved with this opportunity. (*select all that apply*)

Academic Terms

- 2011 Summer I Session
- 2011 Summer II Session
- 2011 Fall Semester
- 2012 Spring Semester
- 2012 Summer I Session
- 2012 Summer II Session
- Flexible

Time Commitment

- Hours/Week _____
- Flexible Commitment
- Structure Commitment
(*indicate days/times*)

- Monday _____ am/pm
- Tuesday _____ am/pm
- Wednesday _____ am/pm
- Thursday _____ am/pm
- Friday _____ am/pm
- Saturday _____ am/pm
- Sunday _____ am/pm

State below any specific risks that could be associated with this project.

(*e.g. exposure to hazardous materials, aggressive and/or disturbed clients, potentially dangerous machinery, etc.*)