



Alternative Service Placement Site

(This form is to be submitted for approval BEFORE service is begun.)

Student name _____

Course name and number and **section:** _____

Instructor _____

Agency/ Service Site Name _____

Address _____ Phone # _____

Supervisor _____ Phone # _____

Dates of when Service **will be** rendered _____ Total hours to be served _____

Mission of the Agency: (Attach documents or brochure stating mission statement or have the supervisor state the mission and goals of the agency and sign off.)

Supervisor Signature _____

I (the student) _____ understand that I have selected a service site independently and have informed my supervisor of my participation in the program, hours required and emergency information in the event of an emergency.

Student Signature _____ date _____

Received _____ Faculty signature _____