**Center for Indigenous Service Learning**

**Community Partner Interest Form**

*Please complete this form (you may use additional pages) and return it to:*

Director of Indigenous Service Learning

Attn: Ane Berrett

2522 Kwina Road

Bellingham, WA 98226

Phone: (360) 392- 4213

Fax: (360) 594-4084

Email: [aberrett@nwic.edu](mailto:mmccormick@nwic.edu)

Agency/Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency/Organization Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please briefly describe the mission of your organization and the services you provide to the community:

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Please briefly describe the program(s) or project(s) for which you are seeking service learning partnership, and the need that will be filled by our students:

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If you do not have a project in mind at the moment, but would be interested in our

office contacting you with service-learning ideas in the future, please indicate that here:

***Thanks you for your interest! We will contact you shortly with more information.***