Community Service Learning Community Partner Application for Local and State Board Approval

School District Information

- Name of the School District Initiating this application: PULASKI County Special School District
- Name of the district/school licensed faculty supervisor(s) with whom non-profit/community organizations will be working: Sywal Hills, Tracy Allen

Community Partner Information

- Name of non-profit/community organization: First Assurbly of God NUL
- Name of Director/ Contact Person: GARY Tomuson J Address: 4500 W Connercian Deve, NUL AR 72116
- Phone Number: SOLSEO. MIL
- Email Address: GTOM WASON @ FRESTAUL. COM
- Hours of operation: 9AM SpM at HOURS VARY BASED DAY OF THE WHEEK
- What is the mission of the non-profit/community organization? Develop Use-Low Formula of
- What service(s) does the non-profit/community organization provide? A BUNG. CH SEND A UST
- Please describe the volunteer activities students will participate in at the non-profit/community organization and how those activities may connect to curriculum learning goals. The Act 648 implementation guide contains a breakdown of a few subject areas and goals. Car Fuer of This
- What are the non-profit/community organization procedures and policies to ensure the safety of student volunteers? WE Have Secure Cover to are Course. Also it is over List any special considerations of the non-profit/community organization.

Local School Board approval of this site as a district partner

Signature of school board president

Return completed application and this form to

Thomas Coy Public School Program Manager **Curriculum Support Services ADE Learning Services** Email:Thomas.Coy@arkansas.gov Four Capitol Mall Rm. 202-B Little Rock, Arkansas 72201