



**Foundations  
Community  
Partnership**

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Doylestown, Pennsylvania 18901  
267.247.5584 • fax 267.247.5598  
[www.FCPartnership.org](http://www.FCPartnership.org)

## Summer Youth Corps HOST AGENCY APPLICATION

Agency Name:	
Agency Address:	
Web Site:	
Contact Person:	
Contact Phone #:	
Best time to contact:	
E-mail address:	
Agency description/Mission:	

<p>Service –Learning Opportunities/Assignments:</p> <p>(Include one to three measurable outcome goals upon conclusion of the service-learning assignment)</p>	
<p>Orientation/Training Schedule:</p>	
<p>Special conditions or requirements:</p>	
<p>Days and hours of operations when intern is needed:</p>	
<p>Other Information:</p>	

- Please submit proof of your organization’s non-profit 501(c)(3) status with the application.
- Please provide the name of the person who will be responsible for supervision of the student(s) and *a copy of that person’s qualifications or resume with the application.*
- **Does your organization’s liability insurance cover the use of Students/Interns/Volunteers?**

Yes \_\_\_\_\_, No \_\_\_\_\_

If yes, please submit proof of this coverage with the application.

Does the organization, or any of its officers or Directors have a personal, financial or employment relationship with Foundations Community Partnership?

Yes \_\_\_\_\_, No \_\_\_\_\_

If Yes, Please describe the nature of this relationship.

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Host Agency Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date