Community Engaged Learning Position Description Form

**Instructions:** Complete a position description(s) form for each type of position your organization is requesting. Submit the position description by (1) complete each position description via Google Forms [https://goo.gl/forms/On0RMH0zPRxb1MkJ2](https://goo.gl/forms/On0RMH0zPRxb1MkJ2) (2) scanning and emailing to servlrn@msu.edu, or (3) faxing to (517) 353-6663.

After community partners submit a completed position description(s), the MSU Center for Service-Learning and Civic Engagement will review these forms. Please note that we reserve the right to adapt position descriptions, as needed. Upon review, the CSLCE will post positions in the MSU Serve. Learn. Engage. database for student registration.

<table>
<thead>
<tr>
<th>Name of Community Partner Organization:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description &amp; Purpose of Community Partner Organization:</td>
</tr>
<tr>
<td>Address: ___________________________ Zip: __________</td>
</tr>
<tr>
<td>Other Address (if students will be serving at another organization than your organizational address):</td>
</tr>
<tr>
<td>Community Partner Website:</td>
</tr>
<tr>
<td>Primary Contact Name: _______________ Contact Title: __________________</td>
</tr>
<tr>
<td>Contact Phone Number: _______________ Contact Email Address: __________________</td>
</tr>
<tr>
<td>Number of Students Requested for This Position: __________</td>
</tr>
</tbody>
</table>
POSITION TITLE: ____________________________________________

RESPONSIBILITIES: ____________________________________________

QUALIFICATIONS & SKILLS: ____________________________________________

WHAT LEVEL OF ENGLISH PROFICIENCY IS NEEDED FOR THIS POSITION?
☐ Low ☐ Average ☐ High

ORIENTATION & TRAINING: ____________________________________________

SCHEDULE:
Reminder: Most students need to complete an average of 2-3 hours of engagement per week for the duration of the semester in order fulfill their course expectations.

Days & Times: ____________________________________________

TRANSPORTATION:
Is your organization within 3 city blocks of a CATA bus stop? ☐ Yes ☐ No

ADDITIONAL INFORMATION:
Is a TB test needed for placement? ☐ Yes ☐ No

Please indicate if there is any additional information you would like us to know.

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