

# GRAMBLING

STATE UNIVERSITY®

## Office of Continuing Education and Service-Learning

Dr. Rory L. Bedford, Director

### Clubs and Organizations Service-Learning Prior Approval Form

**This form should be completed and returned by the organization's advisor to [pereram@gram.edu](mailto:pereram@gram.edu)**

Today's Date: \_\_\_\_\_

Project Start Date: \_\_\_\_\_

Project End Date: \_\_\_\_\_

Organization Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Organization's Mission: \_\_\_\_\_

Website: \_\_\_\_\_ Facebook Page: \_\_\_\_\_

Community Partner's Name & Address: \_\_\_\_\_

Advisor(s) Name: \_\_\_\_\_ Department Where Employed: \_\_\_\_\_

Office Location: \_\_\_\_\_ Telephone#: (Office) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_ Description of service project (use additional paper if needed):

I acknowledge that I am in receipt of the Hold Harmless Form and will make certain that all persons who engage in this project sign and return the form to the advisor. Failure to sign and return the form prohibits the individual from working with the project. (Place X in the space provided to acknowledge compliance.)

#### Contact Us:

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