



Office of Community Impact

To ensure that service experiences facilitated through the Office of Community Impact are meaningful and reciprocal for students, partners, and communities, the following considerations must be made with intentionality and approved. Please complete this form at least two weeks prior to the date of your project.

CONTACT INFORMATION	
Full Name	
E-mail	Phone

COMMUNITY PARTNER INFORMATION			
Community Partner/Project Site			
Physical Address			
City	State	Zip Code	Phone
Mailing Address			
City	State	Zip Code	Phone
Contact Name			Title
E-mail			Phone

Organization's mission

Description of Project

Please confirm that the proposed service project meets the following criteria by initialing.

Initials	
	The project includes a 501 (c) 3 non-profit or community-based organization that is recognized by the state it resides in.
	The project meets a community identified need.
	The organizational mission and project goals are in alignment with Plymouth State University's mission and values .

By signing this form, I hereby release, hold harmless, and indemnify Plymouth State University, The University System of New Hampshire, and their trustees, employees, staff, volunteers, authorized agents and contractors from all obligations, liabilities, claims, demands, suits, actions, costs, and expenses resulting from any loss, damage, injury to persons or property resulting from or arising out of participating in this experience.

Full Name: _____

Signature: _____ Date: _____

Thank you for completing this form. Please return it to Jessica Dutille, jadutille@plymouth.edu. You can expect to hear back from the Office of Community Impact within a 48-hour period.