

SUMMER OF SERVICE WORKSTUDY PROGRAM

PROJECT DESCRIPTION FORM

Position Title: _____

Agency Name: _____

Supervisor Name: _____ Email: _____

Phone: _____ Fax: _____ Website: _____

Work Site Location: _____

Purpose of Position: _____

Duties/Responsibilities: _____

Orientation/Training: _____

Minimum Qualifications: _____

Benefits/Skills Gained: _____

Support & Supervision Provided by Agency: _____

Specialized Skills Needed (trainings, certifications, computer): _____

Previous Work/Volunteer Experience Preferred: _____

Previous Course Work Required: _____
