



**Application to be Added to the SOA Credential
Pre-Approved Community Service Organizations List**

Student submitting application: _____
Name of Organization: _____
Name(s) of potential Volunteer Supervisor(s): _____
Phone Number of Supervisor(s): _____
Email Address of Supervisor(s): _____

Please note - All organizations added to the Pre-Approved list MUST meet the requirement of directly working with and benefiting a disadvantaged population. When the SOA Credential Committee reviews your application, this is the determining factor as to which organizations will be approved.

Briefly Describe the organization: _____

Describe the duties of student volunteers with this organization: _____

Are there any requirements in order to volunteer? (ie. minimum age, attend trainings, etc.)

Describe how the organization serves disadvantaged populations: _____

Please provide a website for this organization (if one exists):

Additional information you would like the committee to consider when making their decision:

****The student submitting the application will be notified via their school email about the approval/denial of the organization. Please allow for at least two weeks for the committee to meet and review your application****

Submit to: Mrs. Miller in room 1117 or amanda_miller@charleston.k12.sc.us

Last Update: 8/4/2020