



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

Name of Organization: _____

Name(s) of potential Volunteer Supervisor(s): _____

Phone Number of Supervisor(s): _____

Email Address of Supervisor(s): _____

Student submitting application: _____

Phone # and email of student applicant:

Briefly Describe the organization: _____

Describe the duties of student volunteers with this organization: _____

Describe how the organization serves disadvantaged populations: _____

How can the SOA diploma committee visit your organization? _____

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

