



**Center for Community Partnerships
2008 Community Outreach Programs & Service Campus Survey**

In an effort to better quantify the total number of campus volunteers and hours invested in community service by our faculty, staff and students, please take a moment to fill out the attached survey. If your school, center or department coordinates more than one community program, please submit a separate form for each one. Completed surveys should be returned no later than **TUESDAY, SEPTEMBER 2, 2008** to the Center for Community Partnerships at community@case.edu or via fax at (216) 368-8688. Once received, the summary will be shared with the campus and community to help increase the awareness of the university's collective impact in the community. In addition, this information will be used as criteria to secure appropriate philanthropic funding, as well as, nominate the University for various community service awards.

Definitions:

Community service: activities designed to improve the quality of life of off-campus for community members (residents, organizations, municipalities, etc.) Community service includes **both direct service** to citizens (e.g., serving food to the needy) **and indirect service** (e.g., assessing community nutrition needs or managing a food bank).

Academic service-learning: service that is integrated with academic course content. It may involve direct or indirect service, and may include academic research.

Co-curricular service-learning: not part of an academic course, but utilizing service-learning elements and other co-curricular student volunteer activities, as well as, Work-Study community service and paid community service internships.

Type of Community Outreach Program (check all that apply)

Community service _____ Academic service learning _____ Co-curricular service learning _____

PreK-12 _____ Health _____ Seniors _____ Economic/Community Development _____ Career _____ Other _____

Name of program: _____ **Course number** (if applicable) _____

Brief description of program: _____

Full name of primary CWRU contact person for program: _____

(Check one) Faculty _____ Staff _____ Student _____ Alumni _____

Office phone number: _____ **Fax:** _____ **Email:** _____ **Campus Locator:** _____

Community Partner Name _____

Address _____ City/State/Zip _____

Number of participating CWRU Volunteers _____ Total hours served _____

Daily _____ Weekly _____ Monthly _____ Annually _____

Time of year program held:

Month/Date(s)/Year: ____/____/____

Describe direct services provided (if applicable): _____

Describe indirect services provided (if applicable): _____

Thank you for your time!

*The Center for Community Partnerships
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