

Cooperative Community Service Program Agreement (Addendum)

Name of Agency	Public Agency <input type="checkbox"/> Private Non-profit <input type="checkbox"/> Private for Profit <input type="checkbox"/>
Address (Street, City, State, Zip)	Agency Status Verified <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone	Agency Personnel Policies Attached or Available <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Person	Title of Contact Person

Description of Agency

Job Title	Work Hours	Days per Month	Maximum Number Requested for This Position	Job Description (Duties)

Additional Information or Comments
