

## 2016-2017 Academic Year Plans

Student Group Name:

Name of Contact Person (for questions regarding this form):

Contact Person Position (president, secretary, etc.):

Contact Person Email:

### OFFICERS

**Please list your officers for 2017-2018.**

Each group must have at least three officers (President, Treasurer, and one additional position). The president and treasurer must be different people. Add any additional officer positions/student contact info to the table below.

Officers		
Position	Name	Email Address
President		
Treasurer		
Secretary		
Other officer (please specify)		

### GROUP GOALS

What goals do you have for your organization for the 2017-18 academic year? Please list at least two goals and for each, include two actionable steps you can take to achieve those goals.

How do you evaluate the success of your organization's work as it pertains to the goals you set? *Consider how you might evaluate your service from the perspectives of: service recipients, student volunteers, group leaders, community partners. You might consider surveys, questionnaires, pre- and post-tests, interviews or conversations with community partners, or spending a group meeting discussing what is going well and what could use improvement. Your CSC advisor can discuss other methods of evaluation with you during your fall advising appointment.*

## EVENTS

Please list any annual events/activities your group organizes each year and the anticipated month (or semester) they will happen. Please make sure that you have budgeted for these events/activities in the budget you submit during the re-registration process. For more information about what can and cannot be funded, please see the CSC handbook on our website. Financial information begins on page 29.

EVENT NAME/DESCRIPTION	ANTICIPATED MONTH OR SEMESTER

## COMMUNITY PARTNER INFORMATION

With which organization(s) do you do service? Please include the following information for every community partner you intend to work with in 2017-18.

### COMMUNITY PARTNER 1:

**Name of Organization:**

**Contact Person Name:**

**Email:**

**Have you talked to this person/organization?** ☐ Yes ☐ Not Yet

**What do you plan to do with this partner? (ex: Sorting clothes, prepping meals, etc.)**

**How frequently do you plan to serve/work with this organization? (ex: twice a week, monthly, once a semester, etc.)**

## **COMMUNITY PARTNER 2:**

**Name of Organization:**

**Contact Person Name:**

**Email:**

**Have you talked to this person/organization?** ☐ Yes ☐ Not Yet

**What do you plan to do with this partner? (ex: Sorting clothes, prepping meals, etc.)**

**How frequently do you plan to serve/work with this organization? (ex: twice a week, monthly, once a semester, etc.)**

## **COMMUNITY PARTNER 3:**

**Name of Organization:**

**Contact Person Name:**

**Email:**

**Have you talked to this person/organization?** ☐ Yes ☐ Not Yet

**What do you plan to do with this partner? (ex: Sorting clothes, prepping meals, etc.)**

**How frequently do you plan to serve/work with this organization? (ex: twice a week, monthly, once a semester, etc.)**

## **COMMUNITY PARTNER 4:**

**Name of Organization:**

**Contact Person Name:**

**Email:**

**Have you talked to this person/organization?** ☐ Yes ☐ Not Yet

**What do you plan to do with this partner? (ex: Sorting clothes, prepping meals, etc.)**

**How frequently do you plan to serve/work with this organization? (ex: twice a week, monthly, once a semester, etc.)**

(copy and paste additional community partners if relevant)