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**2019-2020 Academic Year Plans**

**Event-Based Service Program 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 2019-2020.**

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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**GROUP GOALS**

What goals do you have for your organization for the 2019-20 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**

What is/are the major event(s) your group intends to host in 2019-20?

|  |  |
| --- | --- |
| **EVENT NAME/DESCRIPTION** | **ANTICIPATED MONTH OR SEMESTER** |
|  |  |
|  |  |
|  |  |
|  |  |

**COMMUNITY PARTNER INFORMATION**

With which organization(s) do you do partner to do these events?

**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 (if applicable):**

**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)

**ADDITIONAL COMMENTS**

**Are there any additional details the Commission should be aware of when evaluating your re-registration?**