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:_______
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___________________________________________________________________
___________________________________________________________________

How can the SOA diploma committee visit your organization?____________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Additional information you would like the committee to consider when making their decision:_______________________________
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Last Update: 10/15/18