**
Community Partner Letter of Support**

My organization is interested in hosting a DukeEngage volunteer for an eight-week, full-time project.

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| **Organization Details** |
| Organization name: |            | Nonprofit status: | Yes No  |
| Address: |            |
| Person filling out this form: |            | Email address: |            |
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| **DukeEngage Volunteer Project Details**  |
| Briefly describe projects  |  |
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| **DukeEngage Participant Expectations** |
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During their project, DukeEngage students are required to:

* partner with your organization for eight weeks or more, and contribute approximately 35-40 work hours each week
* support one or more projects you planned together, addressing existing needs within your organization or community
* respect the professional and cultural practices of your organization and community
* meet with you regularly to assess and evaluate progress toward goals
* receive no compensation for their work. Participants receive stipends from DukeEngage to cover their living expenses
* **DukeEngage volunteers should not engage in providing medical care to patients**
* DukeEngage volunteers are not permitted to cross borders or travel within your country after their project’s end date

Would you like us to call or email you to answer any questions? Yes No

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Signature Date