

Service-Learning Student Application

Thank you for your cooperation in fully completing this application and the accompanying required documents for participation in a service or service-learning opportunity (return the completed application to your instructor). **Please print:**

Name _____ Phone _____

E-mail address _____

Local Address _____ City _____ Zip _____

Permanent Address _____ City _____ Zip _____

Current number of college credits completed (at the end of last semester):

Major _____ Minor(s) _____

Special Skills, Training, Interests/Hobbies

Foreign Language(s) _____ Speak _____

Write _____ Read _____

Position you are applying for:

Times available for Service:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Reference

Name _____ Phone _____

Relationship _____ E-mail _____

Person to Notify in Case of Emergency

Name _____ Phone _____

Relationship _____