

**Application for Helpers to Disabled Students
Disabled Students Programs & Services Department
City College of San Francisco (R323)**

Applicant's Name: _____

ID#: _____ **Phone:** _____ **Cell:** _____

Address: _____ **City:** _____ **Zip:** _____

Email Address: _____

Semester/Year: Spring 20____ Fall 20____ Summer 20____

Your Cumulative GPA: _____ **English Level:** _____ **Math Level:** _____

Current amount of units: _____ **College Work Award (if any):** _____

How did you hear about this position? _____

I give the DSPS office permission to review my: CCSF transcript:

(Signature) _____

Applying for the following job(s):

Reader Note taker Helper in classroom

What languages are you fluent in? _____

Any special skills like computers, programming, photography, biology/chemistry?

What time(s) are you available to work?:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Evening and weekend - to read textbooks/notes on to tape: _____
