Office of Mentoring & Service Learning

Faculty Information Form

❑**Fall** ❑**Spring** **Year:**_____

For your convenience, if none of your information has changed from the previous semester, please write "NO CHANGE" and leave the rest blank.

PLEASE PRINT THROUGHOUT THE ENTIRE FORM

Check one: o Mentoring o Service-Learning

Name of Project:_____

Name:_____ Dept:_____
(Last Name), (First Name)

Phone:_____ Phone:_____
(Work) *(Home)*

E-mail:_____ Office Room #:_____ Mailbox #:_____

Home Address: *(Street)*_____

*(City)*_____ *(State)*_____ *(Zip Code)*_____

Best way to reach you?_____ Best time(s) to call?_____

o Male o Female Employee ID:_____

ρ Full time ρ Part time Ethnic Background:_____

When reporting Non-instructional hours for your OMSL sponsor work, we will put those hours into one or more Saturdays during mid-semester unless you inform us of another day that is better for you. If Saturdays work, please write "FREE" on Saturday. If not, Please mark "FREE" those days/times when you are *not* teaching a class or working in another capacity for CCSF.

Mon	Tues	Wed	Thurs	Fri	Sat

Please return to: **OMSL, Mailbox: S-49 or Office: Science Hall Room 134, Ocean Campus**
Phone: (415) 239-3771/(415)239-3849 . Fax: (415) 239-3791

For Office Use Only: ___ No. of Hours

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