

Office of Mentoring and Service Learning Service-Learning Student Information Form

Fall Spring Year: _____

Date: _____

PLEASE PRINT THROUGHOUT THE ENTIRE FORM

Faculty Sponsor: _____
Course Name: _____ CRN#: _____
Have you participated in a Service-Learning project before? Yes NO
If Yes, which project and when? _____

1. Name: _____ Student ID#: _____
 (Last Name), (First Name)
Phone #: _____ E-Mail: _____
Address: (Street) _____
(City) _____ (State) _____ (Zip Code) _____

2. Best way to reach you? Phone E-Mail Other: _____
Best time(s) to call?: _____

3. Emergency Contact Information:
Name: _____ Phone Number: _____
Address: _____
Relationship: _____

4. Demographic Information: Male Female Ethnic Background: _____
Age: _____ * *If you are under 18 years of age, your parent(s)/guardian must sign the Student Agreement form to give you permission to participate in the service-learning program.*

Please return this form to:
OMSL, City College of San Francisco
50 Phelan Avenue, Mailbox: S49; Office: Batmale 366
San Francisco, CA 94112 415.239.3771 Fax: 415.239.3791

For Office Use Only:

Hire form signed by OMSL: _____ (or) Volunteer Form Signed: _____
SL Student Agreement form signed: _____
Rev. 2/11