

# 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: Science 134  
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: \_\_\_\_\_  
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