

Center for Community Engagement & Service-Learning: SERVICE-LEARNING REGISTRATION FORM

NAME: _____ SEMESTER: _____

COURSE: _____ INSTRUCTOR: _____

CELL PHONE: _____ P.O. BOX: _____ MAJOR: _____ Class Year: _____

On the chart below, please fill in all times that you have class (and what it is), a set paid job, an *in season* sports practice, or religious obligations that prevent you from working at a service site during those times. Then please shade in your consistent free time.

	MON	TUES	WED	THURS	FRI	SAT	SUN
7:00 AM							
8:00							
9:00							
10:00							
11:00							
NOON							
1:00 PM							
2:00							
3:00							
4:00							
5:00							
6:00							
7:00							
8:00							

OVER

1. Do you have access to a vehicle? YES NO
 - a. If yes, would you be willing to carpool to your site? YES
NO

2. Are you an HWS certified van driver? YES NO

3. If not, have you you've had your license for 3 years? YES NO

Do you have any special skills? (Foreign language, first aid, web design, etc.)

Please list any previous service experience.

Please list the top three agencies/organizations you would like to work for.
(While every effort will be made to place you with one of these organizations, this cannot be guaranteed.)

A. _____

B.

C. _____

Please circle the top two categories of service organizations that you would like to work for. *(See "Service Opportunities" for a listing of various agencies/organizations and their classification.)*

Children **Youth** **Emergency/Social Services** **Health Care**
People with Disabilities **Elderly** **Other: _____**