



Education in Action

SERVICE-LEARNING

SERVICE-LEARNING PROGRAM PARTICIPANT PROFILE

ALL INFORMATION IS CONFIDENTIAL

Name: _____ Today's Date _____

Last

First

Birth Date ____ - ____ - ____

Circle: Age: 18-22 23-30 31-40 41+ Sex: F M

e-mail address _____

Permanent Address: _____
Street City State Zip

Home phone # _____ work phone # _____

Major or Academic interests _____

Course name: _____

Days & Time course meets: _____ Professor's Name: _____

Do you have transportation? Yes ___ No ___ Please note your current overall GPA _____

Do you have a disability that might have an impact at a placement? Yes ___ No ___

Do you need reasonable accommodations in the workplace? Yes ___ No ___

If yes to either question, are you registered with the Office of Special Services? Yes ___ No ___

If a Federal Work-Study student, are you interested in an off-campus service placement? Yes ___ No ___

Are there groups or populations with which you would have difficulty working?

If yes, please note _____

Please describe any service-learning or volunteer experience you have had _____

Please describe any special training, skills or hobbies (e.g., writing poetry, CPR, theater, tennis) _____

Please indicate areas of interest for service-learning. Note: Placement must be in conjunction with the content area of your course. Indication of interest is not a guarantee of placement in that area.

- | | |
|---|--|
| <input type="checkbox"/> accounting | <input type="checkbox"/> literacy |
| <input type="checkbox"/> arts/crafts | <input type="checkbox"/> marketing/public relations |
| <input type="checkbox"/> children | <input type="checkbox"/> mathematics |
| <input type="checkbox"/> community organizing/activism | <input type="checkbox"/> media: |
| <input type="checkbox"/> computers: | <input type="checkbox"/> film <input type="checkbox"/> internet <input type="checkbox"/> journalism |
| <input type="checkbox"/> programming <input type="checkbox"/> software | <input type="checkbox"/> photography <input type="checkbox"/> radio <input type="checkbox"/> |
| <input type="checkbox"/> networking | <input type="checkbox"/> video/TV |
| <input type="checkbox"/> disability issues | <input type="checkbox"/> music |
| <input type="checkbox"/> developmental <input type="checkbox"/> physical | <input type="checkbox"/> peace/mediation/conflict resolution |
| <input type="checkbox"/> education | <input type="checkbox"/> public policy issues |
| <input type="checkbox"/> pre-k-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> higher ed. | <input type="checkbox"/> religion/spirituality/theology |
| <input type="checkbox"/> environmental issues/sustainability | <input type="checkbox"/> the sciences: |
| <input type="checkbox"/> graphics/printing/web design | <input type="checkbox"/> biology <input type="checkbox"/> chemistry <input type="checkbox"/> physics |
| <input type="checkbox"/> government/politics | <input type="checkbox"/> senior citizens |
| <input type="checkbox"/> health care issues | <input type="checkbox"/> substance abuse |
| <input type="checkbox"/> history/museum studies | <input type="checkbox"/> technology issues |
| <input type="checkbox"/> homelessness & housing | <input type="checkbox"/> theater/performance art |
| <input type="checkbox"/> hunger/nutrition | <input type="checkbox"/> tutoring |
| <input type="checkbox"/> immigration issues | <input type="checkbox"/> women's issues |
| <input type="checkbox"/> law/legal issues | <input type="checkbox"/> writing |
| | <input type="checkbox"/> other |

Please list the hours/time of day you are AVAILABLE:

Mon _____ Tue _____ Wed _____ Thu _____ Fri _____
 Sat _____ Sun _____

Do not write below this line; for office use only.

CONSULTATION DATES: 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

STATUS:

Primary placement: _____ Contact _____ Placed? Y ___ N ___

Secondary placement: _____ Contact _____ Placed? Y ___ N ___

ATTENDANCE: Orientation _____

PAPERWORK: Program Contract Timesheet Student Evaluation Supervisor Evaluation