



## SERVICE-LEARNING REGISTRATION FORM

**DIRECTIONS:** Please print legibly and press down hard on the paper. Once completed, please return immediately.

**STEP 1: Personal Contact Info:** The following information will be used to contact you regarding service learning related matters, if necessary.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Course Info: S-L Course #: \_\_\_\_\_ Course Section: \_\_\_\_\_ Instructor: \_\_\_\_\_

**STEP 2: Community Partner's Contact Info:** This information will be important for you to have, in case of emergency, during your placement at the community organization.

Name of Community Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

I agree to volunteer at the community organization named above. I also agree to meet the requirements my instructor has listed below in order to receive academic credit for this service-learning project.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**STEP 2: (To be completed with supervisor at community placement)**

*The student named above has agreed to volunteer at the community organization named above beginning \_\_\_\_\_ (date) and will be present for \_\_\_\_\_ (hour(s) per week) until \_\_\_\_\_ (expected completion date). I agree to supervise the student's work on-site and to sign, or arrange to have the timesheet signed. I understand that any hours outside of those necessary for classroom credit do not fall under the jurisdiction of service-learning, but independent volunteer work or employment. I understand that Kingsborough Community College not be held responsible for any student supervision beyond the above indicated hours and that KCC may not have the means to contact the student beyond this point. Please indicate the day(s) and time(s) the student will be present at the site:*

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
|        |         |           |          |        |          |        |
| (time) | (time)  | (time)    | (time)   | (time) | (time)   | (time) |

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**STEP 3: (To be completed by instructor)**

*The student named above has my permission to participate in this service-learning project in partial fulfillment of the requirements for the course named above. In addition to the number of hours indicated above, the student will complete the following service-learning related assignments or requirements, if applicable:*

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor's E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_