

Service Learning Student Profile

DATE _____

NAME _____ SOCIAL SECURITY # _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ E-MAIL ADDRESS _____

COURSE NAME & # _____ SEMESTER/YEAR _____

FACULTY NAME _____

EDUCATION: Expected date of graduation from BCC _____ DEGREE _____

MAJOR _____

SKILLS: (Bilingual, computers, typing, etc.) _____

SERVICE LEARNING INTERESTS: _____

COURSES TAKEN RELEVANT TO YOUR INTERESTS: _____

WORK EXPERIENCE: _____

I hereby authorize the Service Learning Office to release my student profile and/or resume and other pertinent information to potential Service Learning sites.

Additionally, I understand that in participating in the Service Learning Program, I agree to follow the Service Learning Program requirements set by the supervising faculty and complete and file the relevant placement and evaluation forms.

Signature

Date

