

Semester \_\_\_\_\_

Year \_\_\_\_\_



**FULLERTON  
COLLEGE**

**Service Learning Program Placement Form**  
Tell us about yourself...

College Class: \_\_\_\_\_ Your Major \_\_\_\_\_

Instructor: \_\_\_\_\_ CRN \_\_\_\_\_

Student ID: \_\_\_\_\_ How did you hear about SL: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Groups you would be interested in working with:**

\_\_\_\_\_ Pre-school    \_\_\_\_\_ Elementary    \_\_\_\_\_ Teens    \_\_\_\_\_ Adults    \_\_\_\_\_ Seniors

**Availability to volunteer (your schedule): Please list the specific times and days of the week you plan to volunteer.**

\_\_\_\_\_

**Do you speak another language?**  Yes  No

**If so what are they?** \_\_\_\_\_

Have you ever volunteered?  Yes  No If yes, where? \_\_\_\_\_

Comments/ Additional Information: \_\_\_\_\_

<b>Service Program Office Section</b>	
Agency Placement: _____	
Start Date: _____	End Date: _____ Approved: _____
Transcript Documentation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Presidential Award <input type="checkbox"/> Yes <input type="checkbox"/> No
Early Fieldwork Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No	School Assigned _____

**Agency / Agencies referred to:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_