

Key Center for Service Learning
Student Inquiry Form

Name _____

Major _____

Phone _____

Email _____

Year *Freshman* *Sophomore* *Junior* *Senior*

Do you have a reliable form of transportation? *Yes* *No*

What kind of service opportunity are you looking for? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> A long-term placement. | <input type="checkbox"/> A weekly commitment. |
| <input type="checkbox"/> A semester-long placement. | <input type="checkbox"/> A monthly commitment. |
| <input type="checkbox"/> A single event. | |

Please describe or list your **specific** hours of availability.

Please circle any service opportunities in which you may be interested in participating.

PEOPLE SERVED

- preschool aged youth
- elementary school aged youth
- middle school aged youth
- high school aged youth
- adults
- the elderly
- the homeless
- those living with disabilities

AREAS OF SERVICE

- promoting health and wellness
- political issues
- women's issues
- animals
- foreign language
- environmental issues
- tutoring and mentoring
- sports and recreation
- the arts

OTHER _____

If you are fulfilling a service-learning requirement for a course...

1. What is the name of the course? _____

2. The professor's name? _____

3. And how many hours of service are you required to complete? _____

FOR OFFICE USE ONLY		
Date _____	Time _____	Received By _____
<input type="checkbox"/> FOLLOW UP SENT: _____		
<input type="checkbox"/> INQUIRY PUT INTO DATABASE		
SUGGESTED SERVICE PLACEMENT(S) _____		