

Los Angeles Valley College

Service-Learning Program Application

PLEASE PRINT

Complete the first page of this application packet. Please indicate the section # of the class for which you are receiving extra credit, sign the bottom of the form and return to the Counseling Department.

Name _____ Today's Date _____
Last First

Student ID Number _____ Fall ___ Winter ___ Spring ___ Summer ___

Address _____ Phone # (____) _____
Street & Number
City Zip Code

E-mail address _____

I'm doing this volunteer work:

___ For extra credit:

Course: _____ Professor: _____ Section #: _____ Day/Time: _____

Course: _____ Professor: _____ Section #: _____ Day/Time: _____

___ For personal satisfaction.

___ For career/job exploration (list field) _____

My Major is: _____ My Career Goal is _____

My Academic Goals are: _____ Occupational Certificate _____ A.A. _____ Transfer
(Choose as many as apply)

How/Where did you hear about the Service Learning Program?

___ Another Office/Dept. _____ Faculty/Staff Member (name) _____
___ Flyer/Announcement _____ Other _____

Volunteers agree to save and hold the District harmless from any liability incurred by reason of damage to property or injury arising out of the volunteer's performance of the services authorized.

Student Volunteer Signature

PLEASE RETURN TO THE COUNSELING DEPARTMENT.

Service Learning Placement Form

Los Angeles Valley College

This form must be completed with an agency supervisor. Please sign, ask your supervisor and instructor to sign and return to the Counseling Department as soon as you begin your volunteer hours. Do not submit to your instructor.

Student Name: _____ Student ID Number _____

Class: _____ Instructor #1: _____

Class: _____ Instructor #2: _____

Agency Name: _____ Supervisor's Name: _____

Date This Form Was Completed: _____ Supervisor's Phone Number: _____

Learning Objectives: _____

Duties: _____

LAVC Instructor #1 Approval Signature / Date *LAVC Instructor #2 Approval Signature / Date*

The agency listed above and the learning objectives indicated meet my class requirements.

Agency Supervisor Signature / Date

I agree to accept the student named above and provide supervision at this service learning site

Student Signature / Date

I agree to the terms of the agreement set adequate forth above, and to perform my duties to the best of my ability.

LAVC Director Approval Signature / Date

Do not write below this line. Office use only.

LAVC confirmation with agency / Date

Sign-In/Out Sheet

