



Service Learning Program Application

Thank you for your interest in Service Learning. Service Learning is designed to enhance your learning experience by applying your skills and knowledge to real life work through volunteering.

Student Information

Last Name: _____

First Name: _____

Student ID Number: _____

Semester/Year: _____ Major: _____

Telephone Number: _____

Email Address: _____

Career Goal: _____

The purpose of this volunteer work is for:

Academic Goal:

Personal Satisfaction

College Application

Career/Job Exploration

Gain Work Experience

Class Information

This volunteer work is to receive extra credit for the following course:

*Please use LACCD and/or LAVC email addresses for professors

Course Name: _____

5-digit Class Number: _____

Professor's Name: _____

Professor's Email: _____

Professor's Signature: _____

Agency/Organization Placement

Please provide the agency information where you are going to be completing your volunteer hours.

Agency Name: _____

Supervisor's Full Name: _____

Agency Address: _____

Supervisor's Email: _____

Supervisor's Phone: _____

Supervisor's Signature: _____

Learning Objective(s):

Briefly describe assigned duties:

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's Signature: _____

Submit completed application to the Cooperative Ed. office or email to: coop@lavc.edu.