Service-Learning Application
Education 111- Field Experience

Please fill out this form and return it to the information table at the entrance of the room. Copies will be made and distributed to organizational representative and your professor.

Please Print:
Name__________________________________________
PO Box_________________________________________
School Phone____________________________________
Email___________________________________________

List experience with youth
______________________________________________________________________________
______________________________________________________________________________
Goal of service-learning project (why have you chosen this project?)
______________________________________________________________________________
______________________________________________________________________________

Assets
Please read over the following lists of assets and check those that apply to you. These are talents or assets that you willing to share and/or teach youth.

Knowledge of other cultures_____   Which culture(s)?___________________________________
Language (other than English)_____  Which language(s)?_________________________________
Sports_____     Which sport(s)?_____________________________________
Instruments_____    Which instrument(s)?_________________________________
Singing_____     Music Performance_____
Acting _____     Arts and Crafts_____
Dance _____     Knowledge of nature or environment______
Puppets_____     Computers_____
Cooking______     Other (please identify)_________________________________
Chess/checkers_____

Have you committed to an organization?_______
(a verbal or written agreement was made between you and the organizations representative)
Organization Name__________________________________________________________

If no commitment was made, list the top three placements you are seeking.
1)____________________________________
2)____________________________________
3)____________________________________

Do you have transportation? _____Yes _____No
Are you willing to carpool? _____Yes _____No

Contract of Agreement
By signing below, I understand and agree to fulfill a commitment with a local community partner for the Fall/Spring Semester (circle one) of the 2005-2006 academic year. I understand and agree to fulfill all expectations of the organization and my service-learning project including all necessary paperwork, documenting contact/hours, committing to a consistent, semester-long project, and engaging in activities that enhance the mission of the organization and the quality of life of the people it serves.

Signed__________________________________________ Date___________________________

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