

**Office of Service-Learning – Monroe Community College
Service-Learning Assistant Application**

Please Print Clearly

Fall: _____ Spring: _____ Summer: _____ (Year) _____

Name: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Pager _____ Cell Phone _____

E-mail Address: _____

Student Identification Number (last 4 digits only): _____

GPA: _____ Academic Major: _____ Career Choice: _____

Availability: _____
Monday Tuesday Wednesday Thursday Friday

Have you completed a service-learning class? _____ When? _____

If yes, which class and instructor? _____

Why would you like the opportunity, and why do you feel qualified for this position?

List any relevant experience you have:

In applying for this position, I agree to commit to, and attend all of the necessary meetings, class times and/or other special events in order to successfully complete this position.

Signature Date

Return Completed Application to: Office of Service-Learning
228 E. Main St, Rochester, NY 14604
585-262-1713 (Phone)
585-262-1615 (Fax)

For Office Use Only

Received Date: _____ Initials: _____

Class: _____ Day & Time: _____ Instructor: _____