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

Please Print Clearly Fall: _____ Spring: _____ Summer: ____ (Year)____ Name: Mailing Address: Zip Code State City Work Phone Pager Home Phone 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. Date Signature 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: _____ ____ Day & Time: _____ Instructor: