



Frederick Community College

SERVICE LEARNING STUDENT INFORMATION

Student Information:

Name: _____ FCC Student ID #: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone Number: _____ FCC Email: _____

Class Information:

Semester: _____

Course: _____ Instructor: _____

Service Information:

Name of Organization: _____

Address: _____

Immediate Supervisor: _____ Telephone or Email: _____

Duties of Service Learning Project: _____

Confidentiality Statement

I understand that all activities, in which I am involved as a service learner, are to be kept in the strictest confidence. I will not release any type of personal information concerning clients of the agency I serve without written authorization from the appropriate persons.

Student's Signature

Date

Service Learning Contact Information:

JENNIFER MOXLEY, COORDINATOR OF STUDENT LEADERSHIP AND SERVICE LEARNING

PHONE: 301-624-2745 EMAIL: JMoxley@frederick.edu



Frederick Community College

SERVICE LEARNING HOUR REPORT

Please use this form to record your service hours. Upon completion of your commitment, please give a copy to your site supervisor and your instructor.

Student Name: _____ **Semester/Year:** _____

Course: _____ **Instructor:** _____

Name of Organization: _____

Type of Service Organization Provides: _____

Address of Service Site: _____

Supervisor Name: _____ **Phone or Email:** _____

Date	Total # of hours	Service provided	Supervisor's Approval

Total hours completed: _____

Supervisor's Signature and Date: _____

Service Learning Contact Information:

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