

Service Learning Student Information

Student Info:

Name _____ FCC Student ID # _____
Mailing Address _____
City, State, Zip Code _____
Phone Number _____ FCC Email _____

Class Info:

Semester _____
Course _____ Instructor _____

Service Info:

Name of Agency _____
Address _____
Immediate Supervisor _____ Telephone _____
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

Jennifer Moxley
Coordinator of Student Leadership and Service
301-624-2745 ♦ fax: 240-629-7898 ♦ JMoxley@frederick.edu

