

Service-Learning Student Data Form

NAME		AGENCY SITE		DATE	
SCHOOL/LOCAL ADDRESS				CITY	ZIP
SCHOOL/LOCAL PHONE		WORK PHONE		BEST TIME TO CONTACT	
E-MAIL					
DEGREE/MAJOR	EDUCATION LEVEL: HIGH SCHOOL: 9 10 11 12 GED COLLEGE: 1 2 3 4 DEGREES: _____		AGE	DATE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
EMERGENCY CONTACT			RELATIONSHIP	HOME PHONE	
PROGRAM OF STUDY				ENROLLMENT STATUS <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	
ANTICIPATED GRADUATION	WOULD YOU LIKE MORE INFORMATION ABOUT VOLUNTEER OPPORTUNITES AT PARKLAND?			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SEND INFO	
CLASS/COURSE NUMBER	INSTRUCTOR				
# OF HOURS REQUIRED	DESCRIPTION OF VOLUNTEER ACTIVITIES PERFORMED				

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I hereby release, waive, and hold harmless Parkland College, their officers, agents, and employees from and against all claims, demands, and causes of action of any type whatsoever, including property damage, personal injury, or death, arising out of or in any way related to my involvement in service projects to which I am being referred by Parkland College. I am aware that there are risks and dangers associated with my voluntary participation and assume full responsibility for medical costs, any injuries, or damages I sustain as a result of my participation, including while traveling to or from a service project.

I certify that I have read the foregoing and that the information set forth above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

Participant's Signature

Date

For volunteers under 18 years of age:

Parent or Legal Guardian's Signature

Date

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