CNM Service Learning

Summer 2017

Deadline to submit form by: ***Wednesday May 31,2017***

CNM SERVICE LEARNING STUDENT ENROLLMENT FORM

STUDENT INFORMATION

RETURN COMPLETED FORMS TO SERVICE LEARNING PROGRAM

Student's Name *(please print legibly)* _____

CNM Student ID *(Not your social security number)* _____

☐ M ☐ F
Gender *(check)*

Student's Address _____ City _____ State _____ Zip _____

( ) _____ Home Phone

( ) _____ Work Phone

( ) _____ Cell Phone

_____@cnm.edu
*my*CNM Email Address (Required)

Race/Ethnicity: (optional) Hispanic/Latino_____ White(Non-Hispanic) _____ Asian/Pacific Islander_____ African/American_____ Native American/Alaskan Native_____ Multi-Racial_____

STUDENT AGREEMENT

As a student committed to a service-learning component in my education, I agree to serve a **minimum of fifteen** _____(write higher figure if applicable) hours as requirements of this service-learning experience. I will comply with agency policies and serve in a professional manner with respect for others, especially with regard to confidentiality. I will abide by the CNM Student Code of Conduct.

Student Signature _____ Date _____

I agree that all persons authorized by CNM, shall be entitled to photograph and/or record my voice for the purposes of supporting CNM's instructional, informational and promotional goals and that CNM retains full ownerships of photographed, recorded, and edited materials connected with CNM Service Learning.

SERVICE LEARNING AGENCY AGREEMENT

The agency representative agrees:

1. To provide orientation, training and on-going support and direction to the student.
2. To discuss with the student in advance any need for change of placement or hours of service.
3. That while service as a Service Learning, the student will not be asked to transport any person, be alone with any minors, be in any private home without an agency representative, or violate the agreements set forth by the agency and CNM.
4. That the student's service will be related to the student's coursework.

Agency Name: _____

Agency Representative Signature _____ Date _____ Agency Representative (Printed Name) _____

CNM FACULTY AGREEMENT

CNM Faculty Signature _____ Date _____ Faculty Name (Printed Name) _____

SERVICE LEARNING COURSE INFORMATION

Year: _____ ☐ Fall ☐ Spring ☐ Summer

Course Name: _____ Subject/Course: *(e.g. MATH 1101)* CRN #:

Campus Location: ☐ Main ☐ Montoya ☐ Westside ☐ ATC ☐ Online Bldg./Room: _____

CNM Service Learning Program Drop-Off Locations:

Main Campus: Student Resource Center Library, Help Desk, M/Th 7:30 a.m. – 9 p.m., F 7:30 a.m. – 5 p.m., Sa 9 a.m. – 5 p.m.
Montoya Campus: Building G, room 201, M/F 8 a.m. – 5 p.m.
Westside Campus: Building WSII, room 104F, M/F 8 a.m. – 5 p.m.

All students must complete the Service Learning On-line Student Orientation PRIOR to beginning their Service Learning at:
http://www.cnm.edu/servicelearning

SERVICE LEARNING OFFICE USE

Form Received: / / Form Recorded: / / On-Line Orientation Date: / /

Certificate Generated: / / Certificate Mailed: / / Data Entry Completed: _____