CNM Service Learning

Spring 2018

Deadline to submit form by: ***Wednesday, January 31***

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: _____

STUDENT INSTRUCTIONS: Print, complete and obtain the three (3) required signatures above. Scan and email completed and signed form sgordon@cnm.edu AND your instructor.

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