



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



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: _____