



Individual Service Learning Plan

Student Name

Date

Date of Birth

Current Address

Current Phone Number

Alternate Phone Number

Major Area of Study

Please list at least 3 references

name and address

phone number

Please tell us why you would like to volunteer:

Where would you like to be placed?

What course would you like to focus on this semester in your service learning?

Long term goals you have for yourself--where do you see yourself in 5 years? 10 years?

What short term goals do you have--especially those that pertain to service learning?

This Student was place:

On date:

This student has agreed to do _____ hours of work each week

Staff signature