



Service-Learning
STUDENT FOLDER



Name: _____

Please print clearly:

Date: _____

Name: _____
(Last) (First) (Middle)

Soc. Sec. No.: _____

Address: _____ Home Phone: _____

(City) (State) (Zip) Work Phone: _____

Professor: _____

Grade: _____

Service Learning Site:

Address:

(City) (State) (Zip)

Telephone Number:

e-Mail (if available):

Community Site Supervisor:

Name:

Title:

Telephone:

e-Mail (if available):

The Service-Learning Office

Damon City Campus
Room 5252
585-262-1713 (phone)
585-262-1615 (fax)

Susan Bender

Service-Learning Coordinator
Damon City Campus
Room 5246
sbender@monroecc.edu
585-262-1710 (phone)
585-262-1615 (fax)

"Tell me and I forget, Teach me and I remember, Involve me and I learn" - Benjamin Franklin

VERIFICATION OF HOURS WORKED

Student Name: _____

Student ID Number: _____

Date From	Date To	Total Hours Worked

Hours Verified By:

Supervisor: _____

Community Site: _____

