



LEON COUNTY VOLUNTEER CENTER

918 Railroad Avenue • Tallahassee, FL 32310 • (850) 921-3015 • Fax (850) 413-9095

Service Learning Program Enrollment Form

Date: _____

Semester/Year: _____

I. Personal Information *(Please Print)*

Name: _____

SSN#: _____ Birthday: _____
(Month/Day/Year)

Permanent Address: _____

Local Address: _____

Local Telephone: Day _____ Evening _____

E-mail: _____

Emergency Contact Name: _____ Relationship: _____

Telephone: Day _____ Evening _____

II. Academic Information

College/University: FAMU FSU TCC Other: _____

Major: _____ Graduation Date: _____

Classification: Freshman Sophomore Junior Senior Grad

FSU Contact Person/ Faculty Member: _____

Phone: _____ E-mail: _____

III. Service Learning Site Information

Supervisor's Name: _____

Supervisor's Position: _____

Phone: _____ E-mail: _____

Service Learning Position Title: _____

Service Learning Position Description (work activities, requirements and outcomes):