

Service Practicum Registration(Student)

DUE: Friday, September 19th, 2004

Instructions: Please print clearly, complete the entire form, and return for approval.

Student Information

Name _____ Box # _____

Email Address _____

Phone Number () _____ ext _____ Student # _____

I am (*Please check all that apply – these help us know your needs*)

- | | |
|--|--|
| <input type="checkbox"/> Resident Student | <input type="checkbox"/> Work Full time |
| <input type="checkbox"/> Commuter Student | <input type="checkbox"/> Live outside of Abbotsford area |
| <input type="checkbox"/> Married Student | <input type="checkbox"/> Full time Student at CBC |
| <input type="checkbox"/> Have young children | <input type="checkbox"/> Part time student at CBC |
| <input type="checkbox"/> Work Part time | <input type="checkbox"/> Part time at CBC and another school |

I have registered for SP (*Please choose 1 – the number will appear on your course registration form*)

I II III IV

My CBC program and/or major is: _____

SP INFORMATION

Please Choose 1:

- I am applying to use a SP I have already been involved in
- I am applying to use a SP I have not been involved in yet, but have found on my own
- I am applying to use a SP I found at the Service Fair
- I am applying to use a SP I found on the SP Posting Website
- Other _____

Practicum Type (*eg. Children, youth, worship*) _____ Day of week and time _____

Organization Name _____

Organization Address _____

City _____ Prov _____ Postal Code _____ Phone () _____

Email _____

INFORMATION RELEASE

At times, a supervisor/organization will need to contact you with important information (ie. cancellation). Your permission is required to give out either a phone number or email address. Please choose one and sign below to indicate your preference.

- I **will** allow the Service Learning Department to give my contact information (phone number and/or email) upon request **ONLY** to my supervisor or organization contact person.
- Please **do not** give out my contact to my supervisor if requested. I understand that I am responsible to ensure my supervisor has that information.

Student Signature

Date

COMMITMENT

I understand that to receive credit for my service, I must complete all the requirements as outlined in the SP Handbook. My signature indicates my awareness of those requirements and responsibility to the Service Learning Department and program. I also commit to praying for my service placement and supervisor.

Student Signature

Date