

COMMUNITY PARTNERSHIPS
COMMUNITY SERVICE PROGRAM
ENROLLMENT FORM

Name: _____ Date: _____

Address: _____ Apt.# _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Emergency contact name & number: _____

E-mail: _____ Home or Cell phone: _____

Best times to reach you: _____

Business Phone: _____

If Class Requirement, Professor: _____

Do you have any special community service interests? _____

What do you want out of your community service experience?

Do you have any limitations that we should be aware of? _____ If so, please describe.
