

COMMUNITY SERVICE WORK-STUDY PROGRAM 202_ / 202_

FSL app rcvd _____

JD approved _____

Agreement rcvd _____

Authorized Driver? _____

Added to d.b. _____

Student Information

Name:

ID#:

DOB:

Cell phone:

RWU e-mail:

Anticipated Year of Graduation:

Major/Minor:

Is this your only work-study job? YES NO

If no, what is your other job?

Are you a certified RWU driver? YES NO

If not, would you like to become one? YES NO

Other information you think we should be aware of:

Agency Information (required)

Name of agency:

Mailing address:

Name of supervisor:

Supervisor phone and e-mail:

I have received a copy of the *Feinstein Center for Service Learning and Community Engagement* Community Service Work-Study Procedures and Standards Publication.

Signature

Date