


 Deadline to submit form by: **Wednesday, June 3, 2020**
CNM SERVICE LEARNING STUDENT ENROLLMENT FORM
STUDENT INFORMATION
RETURN COMPLETED FORMS TO SERVICE LEARNING PROGRAM
 M F

Gender (check)

Student's Name (please print legibly)

CNM Student ID (Not your social security number)

Student's Address

City

State

Zip

()

()

()

@cnm.edu

Home Phone

Work Phone

Cell Phone

myCNM Email Address (Required)

 Race/Ethnicity:
(optional)

Hispanic/Latino _____ White(Non-Hispanic) _____ Asian/Pacific Islander _____ African/American _____

Native American/Alaskan Native _____ Multi-Racial _____

STUDENT AGREEMENT

As a student committed to a service-learning component in my education, I agree to serve a **minimum of fifteen** _____ (write higher figure if applicable) hours as requirements of this service-learning experience. I will comply with agency policies and serve in a professional manner with respect for others, especially with regard to confidentiality. I will abide by the CNM Student Code of Conduct.

I agree that all persons authorized by CNM, shall be entitled to photograph and/or record my voice for the purposes of supporting CNM's instructional, informational and promotional goals and that CNM retains full ownerships of photographed, recorded, and edited materials connected with CNM Service Learning.

Student Signature

Date

SERVICE LEARNING AGENCY AGREEMENT

The agency representative agrees:

1. To provide orientation, training and on-going support and direction to the student.
2. To discuss with the student in advance any need for change of placement or hours of service.
3. That while service as a Service Learning, the student will not be asked to transport any person, be alone with any minors, be in any private home without an agency representative, or violate the agreements set forth by the agency and CNM.
4. That the student's service will be related to the student's coursework.

Agency Name: _____

Agency Representative Signature

Date

Agency Representative (Printed Name)

CNM FACULTY AGREEMENT

CNM Faculty Signature

Date

Faculty Name (Printed Name)

SERVICE LEARNING COURSE INFORMATION

 Year: _____ Fall Spring Summer

Course Name: _____

 Subject/Course:
(e.g. MATH 1101)

CRN #: _____

 Campus Location: Main Montoya Westside ATC Online

Bldg./Room: _____

STUDENT INSTRUCTIONS: Print, complete and obtain the three (3) required signatures above. Scan or photograph and email completed and signed form sgordon@cnm.edu AND your instructor.

All students must complete the Service Learning On-line Student Orientation PRIOR to beginning their Service Learning at: <http://www.cnm.edu/servicelearning>