



Applied and Service-Learning Alternative Placement Pre-Approval Form

The Applied and Service-Learning Program is more than happy to allow you to join another site at your initiative. However, the program must also ensure that the site will serve the purpose of the class and the course material. Therefore, if you wish to choose a different site, it should be something similar to and comparable with the list of organizations already approved for your class.

Prior to the approval of any site, you must submit the following form to the Applied and Service-Learning Program. Hours will not count towards your course requirement until approval from the Applied and Service-Learning Program has been granted.

Student Information

Full Name: _____
Last First M.I.

Student ID Number: _____ Phone Number: _____

International Students Only: Are you studying on an F-1 student visa? Yes: _____ No: _____

SMC Course Information

Please list the course for which you will be doing your applied and service-learning requirement. If you are participating in more than one applied and service-learning course, please complete one application per course.

Instructor First Name: _____ Instructor Last Name: _____

Course Title: _____ Course Section Number: _____ Semester/Year: _____

Organization Contact Information

Organization Name: _____

Organization Address: _____
Street Number City Zip Code

Organization Website: _____

Type of Organization: Non-Profit Government Educational Institution Other _____

Supervisor Full Name: _____ Job Title: _____

Email: _____ Phone Number: _____

Fax Number: _____ Organization URL Website: _____

Organization Description, Projects, and Requirements

Please provide a description of the organization where you are requesting to complete your Applied and Service-Learning experience. (You may attach a flyer or brochure in addition to your description):

How will the objectives of your course/assignments be met at the site where you are requesting to complete your Applied and Service-Learning experience? What are examples of some of the projects you are expected to assist with and/or complete at this site?

What community needs does the above site address (check all that apply)?

- | | | | | | |
|---|--|---|--|--|--|
| <input type="checkbox"/> Advocacy, Community | <input type="checkbox"/> Animal Welfare | <input type="checkbox"/> Arts and Culture | <input type="checkbox"/> Civic Engagement | <input type="checkbox"/> Community Development | <input type="checkbox"/> Disabilities, People with |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Education/Adult | <input type="checkbox"/> Education/ESL | <input type="checkbox"/> Education/Youth Development and Mentoring | <input type="checkbox"/> Elderly Programs and Services | <input type="checkbox"/> Environmental/Global Issues |
| <input type="checkbox"/> Family Services | <input type="checkbox"/> Health Services | <input type="checkbox"/> Health, Mental | <input type="checkbox"/> Homelessness | <input type="checkbox"/> Housing | <input type="checkbox"/> Hunger |
| <input type="checkbox"/> Immigration | <input type="checkbox"/> Labor | <input type="checkbox"/> Legal | <input type="checkbox"/> LGBTQ | <input type="checkbox"/> Low Income | <input type="checkbox"/> Social Justice |
| <input type="checkbox"/> Wellness and Fitness | <input type="checkbox"/> Women's Issues | <input type="checkbox"/> Veteran Affairs | | | |
- Other: _____

Prior to beginning your applied and service-learning experience, does the above site require any of the following (Check all that apply)?

- | | | | | | |
|---|---|--|---|--|--|
| <input type="checkbox"/> Age 18+ | <input type="checkbox"/> Application | <input type="checkbox"/> Background Check | <input type="checkbox"/> Bilingual: _____ | <input type="checkbox"/> Computer Literacy | <input type="checkbox"/> Confidentiality Agreement |
| <input type="checkbox"/> Drug Screening | <input type="checkbox"/> Fingerprinting | <input type="checkbox"/> First Aid/CPR Certified | <input type="checkbox"/> Interview | <input type="checkbox"/> Pre Training | <input type="checkbox"/> Reference Check |
| <input type="checkbox"/> TB Test | | | | | |
- Other: _____

Thank you for taking the time to complete this form. If you have any questions in regards to this form or the Applied Learning Program, please contact the Career Services Center.

For Office Use Only

Application/Agreement
Received: (MM/DD/YY) _____

Application/Agreement
Recorded: (MM/DD/YY) _____