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| For office use only _____ deposit Amt _____ date |
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Service-Learning Center

Spring Break Service-Learning Project

Name _____ **Date of Birth** _____

School Address

(On-campus: only phone/room #) # _____ Street _____ City _____ State _____ Zip _____ Phone _____

Permanent Address

_____ Street _____ City _____ State _____ Zip _____ Phone _____

Class Level _____

Email _____

Trip Preference 1. _____
2. _____

Please list two significant Service-learning experiences in which you have participated (don't overlook extracurricular activities in high school or church).

1. _____
Agency/Institution _____ Address _____ Position/Duties _____ Dates of Work _____

2. _____
Agency/Institution _____ Address _____ Position/Duties _____ Dates of Work _____

Please supply the name and contact information of two references who know you well. Non-students preferred.

1. _____
Name _____ Phone _____ Address _____

2. _____
Name _____ Phone _____ Address _____

I, _____ give permission for the Service-Learning Center to charge my miscellaneous account for the following amount \$250 to pay for my Spring Break Trip to _____. This payment is **non-refundable** expect under special circumstances (see Lori & Chris in the Service-Learning Center). \$100 Deposit due with application.

Student ID: _____
Student Signature _____ Date _____

Service Learning Team Member _____ Date _____

1. Please describe why you are interested in being a part of a Spring Break Service-Learning project and what you may hope to gain from the experience.

Vital Information

* The Service-Learning Center of Calvin College requires that students have their own health insurance carrier for Spring Break Service Projects. As in all Service-Learning activities, participants remain responsible for their own safety and accidental injury expenses.

Health Insurance Carrier:

Health Insurance Identification #

Describe any medical/health conditions you have which require special consideration (i.e. diabetes, asthma, allergies, back problems, etc.)

Please provide two emergency contacts.

1. _____
Name Phone Address

2. _____
Name Phone Address

The names of all applicants will be submitted to the Student Life Division staff for comments and recommendations. Their opinions may be used in considering applicants. Please sign below to indicate that you have read and understand this.

Signature _____ **Date** _____

Service-Learning Center (S-LC) Waiver Form

Name: _____

Student ID Number: _____

Position Applied For: _____

Eligibility

Each student who wishes to do a Service-Learning project with the Service-Learning Center should meet the following conditions:

- a. One must have a cumulative grade point average of at least 2.0
- b. One must be approved by a Dean of Student/Residence Life. Approval is understood as a review of a student's citizenship in the Calvin community based on records and other reliable sources, excluding the Broene Counseling Center.
When a student signs this form, he or she thereby indicates awareness of the Deans' responsibilities to review applicants, and that the Deans may discuss with the Directors both records and other reliable information about a student who applies.
- c. A student's application must be approved by the Directors of the S-LC.

Please check appropriate answers to the statements below:

1. ___ Yes ___ No I am currently in Good Conduct Standing. (If not, explain below.)

2. ___ Yes ___ No I have been disciplined by a member of the Student Life Division (a Dean or Resident Director) for an infraction of campus regulations. (If you have been sanctioned, explain below.)

I certify that I give permission for Calvin College to review my personal college records.

Signed: _____ Date: _____

**DO NOT WRITE BELOW THIS LINE
SUBMIT THIS FORM TO THE SERVICE-LEARNING CENTER**

Registrar's Office _____ Cum. GPA _____

Signature _____ Date _____

Student Life Dean Review ___ Recommend ___ Deny ___ Other (explain): _____

Signature _____ Date _____

Service-Learning Center Director _____ Date _____