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**THE COMMUNITY COLLEGE OF BALTIMORE COUNTY  
CENTER FOR SERVICE LEARNING STUDENT INFORMATION SHEET**

Name: \_\_\_\_\_  Male  Female Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Perferred E-mail: \_\_\_\_\_ CCBC ID: \_\_\_\_\_

Instructor: \_\_\_\_\_ Course: \_\_\_\_\_ Section \_\_\_\_\_

CRN: \_\_\_\_\_ Course Days: \_\_\_\_\_

Course Times: \_\_\_\_\_

The agency(s) I will contact and work with:

\_\_\_\_\_

Number of Hours to Complete: \_\_\_\_\_  Mandatory  Optional

Additional Comments: \_\_\_\_\_

*Signature of student:* \_\_\_\_\_ *Date:* \_\_\_\_\_

If you need assistance choosing an agency, please make an appointment with one of the Service Learning Faciltators Jomeka Morris 443-840-1409; [jmorris3@ccbcmd.edu](mailto:jmorris3@ccbcmd.edu) (Essex) or Sameka Turner 443-840-5912; [sturner3@ccbcmd.edu](mailto:sturner3@ccbcmd.edu) (Catonsville)