

EVC CENTER FOR SERVICE-LEARNING & PUBLIC SERVICE

ENROLLMENT FORM

PUBLIC SERVICE

STUDENT INFORMATION *(To be filled out by student)*

Name	_____	Student ID #	_____
Address	_____		
City	_____	State	____ Zip _____
Phone	(Mobile) _____	Semester/Year	_____
	(Home) _____		
Email	_____		

DEMOGRAPHIC INFORMATION

Major/Career						
Age:	Over 18	Under 18	Gender:	Male	Female	
Ethnicity (check all that apply):						
Caucasian	Hispanic/Latino	African American	Asian	Native American	Pacific Islander	Other
Are you currently affiliated with any of these EVC programs? (check all that apply):						
AFFIRM	ASPIRE	CalWORKS	Enlace	OASSIS	DSP	EOPS/CARE
SEAASE	Veteran's Freedom Center	YESS				

IMPORTANT!

YOU MUST FIRST FULLY COMPLETE AND SIGN THE **WAIVER OF LIABILITY FORM** FOR ENROLLMENT IN THE SERVICE-LEARNING & PUBLIC SERVICE PROGRAM.

If you are under the age of **18**, **YOUR PARENT OR LEGAL GUARDIAN MUST SIGN THE WAIVER OF LIABILITY FORM** BEFORE YOU CAN PARTICIPATE IN THE SERVICE-LEARNING & PUBLIC PROGRAM.

Student Signature _____

Date _____