### **Practicum 096: Community Service & Learning**

### **Registration Form for Spring 2016**

Please write legibly and complete ALL pages of this registration form. Contact the Service-Learning Program with any questions.

| NAME  |                       |  |                             | GEND               |                    |   |
|---|-----------------------|--|-----------------------------|--------------------|--------------------|---|
| UMBC EMAIL  | ADDRESS               |  |                             | UMBC ID            |                    |   |
| MAJOR   |                       |  | CE                          |                    |                    |   |
| Class Standin   | g (Circle):           | FRESHMAN   | SOPHOMORE                   | JUNIOR             | SENIOR             | GRADUATE STUDENT  |
| SERVICE SITE  | PLACEMENT             |  |                             |                    |                    |   |
| DAY(S) & TIM  | IE(S) ATTENDIN        | G SITE   |                             |                    |                    |   |
| HOW DID YO  | U HEAR ABOUT          | SERVICE-LEARNIN                                      | IG?                         |                    |                    |   |
|   |                       | =  | = : :                       |                    | =                  | ensure that you are able to   |
| REGISTRATIO   | N INFORMATIO          | <u>on</u>  |                             |                    |                    |   |
| • Are you   | If you answered       |  | -                           |                    | ust complete a s   | Y/N<br>eparate Practicum registration   |
| Have ye   | ou registered for a   | service-learning place                               | ment through the Shrive     | Center in the pa   | st?                | Y/N   |
| 0   | If yes, have you      | ever received an "Inco                               | omplete" grade for the 09   | 6 Practicum?       |                    | Y/N   |
| <ul> <li>If yes, have you ever received a "Fail" grade for 096 Prac?</li> </ul> |                       |  |                             |                    |                    | Y/N   |
| <ul> <li>Please</li> </ul>  | initial to indicate t | hat you <b>received the s</b> y                      | yllabus for the 096 Comn    | nunity & Service-  | Learning Practicu  | ım  |
| will pro<br>evaluat   | ovide a record of yo  | our participation in a U<br>ce with a Pass/Fail grad |                             | eriential learning | position. This en  | vice-Learning Practicum that<br>lables The Shriver Center to<br>placement and the |
|   |                       |  | Signature                   |                    |                    | Date  |
|   |                       |  |                             |                    |                    |   |
| <b>For office use on</b><br>Date:   |                       | Processed by:  |                             | Entere             | ed into 096Prac/l  | JMBCworks:  |
| Enroll in:  | Practicum 96-0        | -  | cticum 96-02                |                    | racticum 96-03     |   |
|   | Service-Learnin       | g Ser  | vice-Learning Leadership    | S                  | hriving Living Led | arning Center   |
| Blackboard section  | on: 1                 | _ 2 _  |                             | 3                  |                    |   |
| New placement:  | Yes / No S            | emester Packet: Giver                                | n to student / sent to plac | ement I            | Materials receive  | d:  |
| CROSSCHECK:   | Date:                 |  | Section:                    |                    | _ Initial:         |   |

#### **Service-Learning Student Information Spring 2016**

Participation in The Shriver Center's Service-Learning Program is a privilege and our UMBC students provide a valuable service to under-served and vulnerable populations. The Service-Learning Program relies on student disclosure to ensure the safety and appropriate service placement of all registrations in Practicum 096: Community Service & Learning; some community partners may also elect to conduct a background check on volunteer placements, and these are completed at the discretion of the service site. All students seeking a Service-Learning placement are asked to provide responses to the following questions. A Service-Learning Coordinator will request a meeting with students who respond "Yes" to any of the following questions to individually discuss the circumstances and evaluate the appropriateness of a service placement on a case-by-case basis.

| •  | Have you ever been convicted of, or pled guilty to, and  | y criminal or military offen:  | se, <i>excludin</i>  | <b>g</b> minor tr   | affic violations?   |        |
|--|--|--|--|---|---|--------|
|  |  |  |  | Yes   | □ No  |        |
| •  | Have you ever incurred disciplinary action, been acade previous educational institution?   |  | nd/or declar<br>□ Yes  | red ineligik<br>N   |   |        |
| •  | Are you currently under disciplinary suspension (whet at UMBC or another educational institution?  |  | a future tim<br>□ Yes  | e period, o   |   | ∍)     |
|  | answer "yes" to any of these questions, please attach a<br>at(s) or circumstances that gave rise to your affirmative   |  | lude in that   | letter you  | r name and date(s   | ;) of  |
| By sub<br>unders<br>that I a<br>detrim<br>with St<br>service | read the following carefully before signing: mitting this Practicum 096 registration form, I certify that tand and agree to inform the Service-Learning Program im serving with the Program this semester, or if I engage ental to the of the Shriver Center or my service placement Judiciary Programs, if it is deemed necessary, in or placement. If the information contained on this form, on the placement of the service in understand that this could impact for it. | if any of my responses to to the in, or am investigated for, ent. I consent to The Shrive order to determine fitness for information I provide in- | the above quest the conduct the center chefor the Servingerson or in | uestions ch<br>at would li<br>ecking my<br>ce-Learnir<br>n a statem | hange during the ti<br>ikely be deemed<br>disciplinary record<br>ng Practicum or<br>ent, is found to be | d<br>: |
| Studer   | t Name (Please Print)  | Date   |  |   |   |        |
| Studer   | t Signature  | Date   |  |   |   |        |
| manne<br>Coordi  | student leaders in the Service-Learning Program are trair and may have access to your registration form. If you nator, you are responsible for setting up a meeting (con placement.  | would prefer to submit yo  | ur form dire   | ctly to a Se  | ervice-Learning   |        |
| Please   | contact the UMBC-Shady Grove Shriver Center's Service  | e-Learning Program with ar   | ny questions   | :   |   |        |
| Shriver<br>awater  | Waters<br>Center at UMBC-Shady Grove<br>s@umbc.edu<br>8.6081   |  |  |   |   |        |
|  |  |  |  |   |   |        |

Please note that your Practicum 096 registration cannot be fully processed until this form and attached waiver have been submitted. The last day for students to submit paperwork to Service-Learning staff for Practicum 096: Community Service & Learning is February 29, 2016.

# THE SHRIVER CENTER at UMBC SERVICE-LEARNING PROGRAM

9636 Gudelsky Drive Rockville, MD 20850 Phone: 301.738.6081

Fax: 301.738.6340 shrivercenter.umbc.edu

## Service-Learning Information Wavier Student Wavier

I have disclosed information to The Shriver Center's Service-Learning Program regarding my criminal record or military offense(s), or student disciplinary action on my record, for the purpose of obtaining a service placement for the 096 Practicum. I understand and consent to The Shriver Center to disclose this information to the following community partner, with whom I am seeking a service placement. I acknowledge that this disclosure is consensual and guided by the Family Educational Rights and Privacy Act.

| Talling Educational Highes and Thracy Floor                     |   |       |  |  |  |  |
|---|---|-------|--|--|--|--|
|   |   |       |  |  |  |  |
|   |   |       |  |  |  |  |
| Name of Service-Learning Community Partner                      |   |       |  |  |  |  |
|   |   |       |  |  |  |  |
| This community partner will evaluate my requestheir discretion. | for placement in their program, and the decision to be placed | is at |  |  |  |  |
| Student Name (Please Print)                                     | <br>  |       |  |  |  |  |
| Student Name (Flease Finit)                                     | Date  |       |  |  |  |  |
| Student Signature   | Date  |       |  |  |  |  |