

THE SHRIVER CENTER ^{AT} UMBC
Practicum 096: Community Service & Learning
Registration Form

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

NAME _____ GENDER _____

UMBC EMAIL ADDRESS _____ UMBC ID # _____

MAJOR _____ CELL NUMBER _____

Class Standing (Circle): FRESHMAN SOPHOMORE JUNIOR SENIOR GRADUATE STUDENT

SERVICE SITE PLACEMENT _____

DAY(S) & TIME(S) ATTENDING SITE _____

HOW DID YOU HEAR ABOUT SERVICE-LEARNING? _____

GPA _____ If your GPA is below 2.5, please list a strategy that you will use this coming semester to ensure that you are able to balance your school requirements with your service commitment: _____

REGISTRATION INFORMATION

<ul style="list-style-type: none"> Are you already registered for another Service-Learning placement this semester? <i>If you answered YES, please let a Service-Learning Coordinator know this. You must complete a separate Practicum registration form for each service-learning placement.</i> 	Y/N
<ul style="list-style-type: none"> Have you registered for a service-learning placement through the Shriver Center in the past? <ul style="list-style-type: none"> If yes, have you ever received an "Incomplete" grade for the 096 Practicum? If yes, have you ever received a "Fail" grade for 096 Prac? 	Y/N Y/N Y/N
<ul style="list-style-type: none"> Please initial to indicate that you received the syllabus for the 096 Community & Service-Learning Practicum. 	_____
<ul style="list-style-type: none"> By signing below, you give The Shriver Center permission to register you in the appropriate zero-credit Service-Learning Practicum that will provide a record of your participation in a University sanctioned experiential learning position. This enables The Shriver Center to evaluate your performance with a Pass/Fail grade indicating successful or unsuccessful completion of your placement and the requirements that accompany it. 	
_____ Signature	_____ Date

For office use only:

Date: _____ Processed by: _____ Entered into 096Prac/UMBCworks: _____

Enroll in: Practicum 96-01 Practicum 96-02 Practicum 96-03
 Service-Learning Service-Learning Leadership Shriving Living Learning Center

Blackboard section: 1 _____ 2 _____ 3 _____

New placement: Yes / No Semester Packet: Given to student / sent to placement Materials received: _____

CROSSCHECK: Date: _____ Section: _____ Initial: _____

Service-Learning Student Information

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, any criminal or military offense, **excluding** minor traffic violations?
 Yes No
- Have you ever incurred disciplinary action, been academically dismissed from, and/or declared ineligible to attend any previous educational institution?
 Yes No
- Are you currently under disciplinary suspension (whether in effect, imposed for a future time period, or held in abeyance) at UMBC or another educational institution?
 Yes No

If you answer "yes" to any of these questions, please attach a letter of explanation. Include in that letter your name and date(s) of incident(s) or circumstances that gave rise to your affirmative answer above.

Please read the following carefully before signing:

By submitting this Practicum 096 registration form, I certify that the information on this form is complete and correct. I also understand and agree to inform the Service-Learning Program if any of my responses to the above questions change during the time that I am serving with the Program this semester, or if I engage in, or am investigated for, conduct that would likely be deemed detrimental to the of the Shriver Center or my service placement. I consent to The Shriver center checking my disciplinary record with Student Judiciary Programs, if it is deemed necessary, in order to determine fitness for the Service-Learning Practicum or service placement. If the information contained on this form, or information I provide in-person or in a statement, is found to be incomplete and/or incorrect, I understand that this could impact my registration for the 096 Practicum and any subsequent grade I receive for it.

Student Name (Please Print)

Date

Student Signature

Date

Select student leaders in the Service-Learning Program are trained to administer all Practicum 096 registrations in a confidential manner and may have access to your registration form. If you would prefer to submit your form directly to a Service-Learning Coordinator, you are responsible for setting up a meeting (contact information is listed below) to discuss your registration for a service placement.

Please contact the UMBC-Shady Grove Shriver Center's Service-Learning Program with any questions:

Ashley Waters
Shriver Center at UMBC-Shady Grove
awaters@umbc.edu
301.738.6175

Please note that your Practicum 096 registration cannot be fully processed until this form and attached waiver have been submitted.

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.

Name of Service-Learning Community Partner

This community partner will evaluate my request for placement in their program, and the decision to be placed is at their discretion.

Student Name (Please Print)

Date

Student Signature

Date