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## REGISTRATION FORM

MARY ANN **SHAW CENTER** FOR PUBLIC & COMMUNITY SERVICE  
237 SCHINE STUDENT CENTER    PHONE: (315) 443-3051    EMAIL: SHAW CENTER@SYR.EDU

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STUDENT ID # (REQUIRED) \_\_\_\_\_ SEMESTER \_\_\_\_\_ YEAR \_\_\_\_\_

NAME \_\_\_\_\_ GENDER \_\_\_\_\_

PHONE (CELL) \_\_\_\_\_ LOCAL ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_

AFFILIATION TO SU:    FY    SO    JR    SR    GRAD    MAJOR \_\_\_\_\_

COLLEGE \_\_\_\_\_

WHAT LANGUAGE (OTHER THAN ENGLISH) DO YOU SPEAK? \_\_\_\_\_

SERVICE LEARNING COURSE \_\_\_\_\_ INSTRUCTOR \_\_\_\_\_

DAY/TIME \_\_\_\_\_

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PLEASE READ THROUGH THE AGENCY DESCRIPTIONS FOR YOUR CLASS. PICK **THREE** CHOICES THAT FIT YOUR SCHEDULE AND INTERESTS. MOST AGENCIES WILL ONLY TAKE A LIMITED NUMBER OF STUDENTS WHICH MEANS YOU MAY NOT NECESSARILY BE PLACED WITH YOUR FIRST CHOICE. THIS FORM WILL BE COLLECTED IN CLASS OR YOU MAY BRING IT TO 237 SCHINE STUDENT CENTER. THANK YOU.

### AGENCY CHOICES:

FIRST CHOICE: \_\_\_\_\_

SECOND CHOICE: \_\_\_\_\_

THIRD CHOICE: \_\_\_\_\_

I ALREADY VOLUNTEER AT A LOCAL 501(C) 3 NONPROFIT AND WOULD LIKE TO REQUEST APPROVAL FROM MY FACULTY MEMBER/SHAW CENTER FOR APPROVAL TO CONTINUE WITH THIS ORGANIZATION.  
NAME OF ORGANIZATION: \_\_\_\_\_

PLEASE TELL US IF YOU HAVE A SPECIAL INTEREST IN ANY OF YOUR AGENCY CHOICES:

\_\_\_\_\_

\_\_\_\_\_

If you believe that you need accommodations for a disability, please contact the Office of Disability Services (ODS), <http://disabilityservices.syr.edu>, located at 804 University Avenue, suite 303, or call (315) 443-4498 for an appointment to discuss your needs and the process for requesting accommodations. ODS is responsible for coordinating disability-related accommodations and will issue students with documented disabilities Accommodation Authorization Letters, as appropriate. Since accommodations may require early planning and generally are not provided retroactively, please contact ODS as soon as possible.

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**TO BE COMPLETED BY SHAW CENTER STAFF:**     ENTERED IN DATABASE

REFERRED TO: \_\_\_\_\_ CODE: \_\_\_\_\_  
AGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

REFERRED BY    SHAW CENTER    FACULTY    OWN PLACEMENT    OTHER \_\_\_\_\_

(OVER)

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**SERVICE SCHEDULE-** EXPECT TO COMPLETE 2-3 HOURS OF SERVICE EACH WEEK.

THE BEST TIME BLOCKS FOR ME TO VOLUNTEER ARE:

M: \_\_\_\_\_ T: \_\_\_\_\_ W: \_\_\_\_\_ TH: \_\_\_\_\_ F: \_\_\_\_\_

PLEASE EXPLAIN ANY ISSUES YOU FORESEE WITH SCHEDULING A WEEKLY COMMITMENT:

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**TRANSPORTATION**

\_\_\_\_ I PLAN TO PROVIDE MY OWN TRANSPORTATION

\_\_\_\_ IF PROVIDED TO MY SITE, I PLAN TO SIGN UP TO USE SHAW CENTER TRANSPORTATION

**SERVICE LEARNING PRE-EVALUATION**

PLEASE PROVIDE THOROUGH AND HONEST ANSWERS TO THE FOLLOWING QUESTIONS. THIS INFORMATION WILL HELP US MATCH YOU WITH A SITE THAT BEST FITS YOUR SKILLS AND INTERESTS.

1. HAVE YOU VOLUNTEERED IN THE PAST? IF SO, WHEN AND WHERE? PLEASE PROVIDE US WITH A BRIEF DESCRIPTION OF WHAT YOU DID AT YOUR SITE.

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2. DO YOU BELIEVE YOUR PAST VOLUNTEER EXPERIENCE ENHANCED YOUR LEARNING IN ANY WAY?

\_\_\_\_ YES      \_\_\_\_ NO

HOW? \_\_\_\_\_

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3. I HAVE EXPERIENCE WITH THE FOLLOWING:

Y	N	Meal Preparation	Y	N	Brochure Design
Y	N	Grant Writing	Y	N	Program Design
Y	N	Child Care	Y	N	Web Design
Y	N	Customer Service	Y	N	Survey Design
Y	N	Photography	Y	N	Database Design
Y	N	Clerical Work	Y	N	Tutoring / Mentoring

I AM COMFORTABLE:

Y	N	Meeting new people
Y	N	Working individually
Y	N	In a busy environment
Y	N	In a slow paced environment

FEEL FREE TO DESCRIBE ADDITIONAL SKILLS YOU HAVE THAT MIGHT BENEFIT A NONPROFIT AGENCY / VOLUNTEER SETTING. (E.G. COMPUTER SKILLS, FUNDRAISING, PHOTOGRAPHY, CERTIFICATIONS, ETC.)

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4. WHAT ARE YOUR EXPECTATIONS FOR THIS COMMUNITY SERVICE EXPERIENCE?

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