

# SIS FORM

Student Information Sheet



# IRWIN W. STEANS CENTER

FOR COMMUNITY-BASED SERVICE LEARNING & COMMUNITY SERVICE STUDIES

Date: \_\_\_\_\_

**Service Site Name:**

**Demographic Information**

DPU ID:  Gender:

Last Name:  First Name:

Email:  Phone:

Current Address:

City:  State:  Zipcode:

Major:

Emergency Contact Name:

Emergency Contact Telephone Number:  Class Year:  1st  2nd  3rd  4th  Graduate

**Course Information**

Course Name:

Course Number:  Project or Hourly:  Required Service Hours:

Example SOC-395-102

Faculty Name:  Academic Quarter:  F  W  SP  SU  DEC

**Service Availability** If this courses requires service hours please place a checkmark '√' in the slots that you are available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8 AM - 9 AM							
9 AM - 10 AM							
11 AM - 12 PM							
12 PM - 1PM							
1 PM - 2 PM							
2 PM - 3 PM							
3 PM - 4 PM							
4 PM - 5 PM							
5 PM - 6 PM							
6 PM - 7 PM							
7 PM - 8 PM							
8 PM - 9 PM							
9 PM - 10 PM							

**Community Service**

Do you want to join our on-line community?  Yes.  No.

Have you taken service learning courses in the past at DePaul University?  Yes.  No.

**PLEASE SIGN REVERSE SIDE OF THIS FORM (MANDATORY)**

**For Office Use Only** SLC: \_\_\_\_\_ Staff: \_\_\_\_\_ Date: \_\_\_\_\_