

# COMMUNITY SERVICE WORK-STUDY PROGRAM 2016-2017

*FSL app rcvd* \_\_\_\_\_

*JD approved* \_\_\_\_\_

*Agreement rcvd* \_\_\_\_\_

*Authorized Driver?* \_\_\_\_\_

*Added to d.b.* \_\_\_\_\_

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## Student Information

Name:

ID#:

DOB:

Cell phone:

RWU e-mail:

Anticipated Year of Graduation:

Major/Minor:

Is this your only work-study job?    YES    NO

If no, what is your other job?

Are you a certified RWU driver?    YES    NO

If yes, through which department did you receive your certification?

Other information you think we should be aware of:

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## Agency Information (required)

Name of agency:

Mailing address:

Name of supervisor:

Supervisor phone and e-mail:

I have received a copy of the *Feinstein Center for Service Learning and Community Engagement* Community Service Work-Study Procedures and Standards Publication.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date