Check the course for which you wish to register.

___ EDU-810 Field Experience  Prerequisites for EDU-810 Field Experience:
• 2.5 Cumulative GPA;
• Completion of Exploring Teaching (formerly Introduction to Teaching) with at least a C;
• Completion of either Developmental or Educational Psychology; and
• Permission of Program Coordinator.

Seminar dates and time ________________________________________________________

___ EDU-805 Literacy Tutor Experience  Prerequisites for EDU-805 Literacy Tutor Experience:
• 2.5 Cumulative GPA; and
• Permission of Program Coordinator.

Note: EDU-805 is only available during Summer semesters. Seminars TBA

Check the number of credits of Literacy Tutor Experience you want:
___ 1 credit  ___ 2 credits  ___ 3 credits

Note: The Cumulative GPA must be maintained for the semester before and the semester during the course.

************************************************************************************

Student Name: __________________________________________ Semester/Year__________

K number __________________________ Email Address ______________________________

Mailing Address_______________________________________________________________

Home Phone __________________________ Cell Phone ______________________________

******************************************************************************************

School District Preference: 1st Choice __________________________ 2nd Choice __________

Grade Level Preference: (check one)  ____ K-2nd  ____ 3rd-5th  ____ 6th-8th  ____ 9th-12th

Subject Preference: (check one)
____ Math  ____ Science  ____ Language Arts  ____ Social Studies  ____ Family/Consumer Science
____ PE  ____ Art  ____ Band  ____ Vocal Music  ____ World Languages
____ K-5th General Education (regular elementary classroom)

Special Education:  ____ Level 1 (least intense needs)  ____ Level 2  ____ Level 3 (most intense needs)

My Availability to Complete Field Experience Hours

<table>
<thead>
<tr>
<th>Times Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
</tr>
<tr>
<td>Tuesday</td>
</tr>
<tr>
<td>Wednesday</td>
</tr>
<tr>
<td>Thursday</td>
</tr>
<tr>
<td>Friday</td>
</tr>
</tbody>
</table>

Return to Jean McMenimen (1017 Cedar Hall) or Doug Van Oort 1018 Cedar Hall
• Fall semester applications MUST be received by August 1
• Spring semester applications MUST be received by December 1
• Summer semester applications MUST be received by May 1
Please Print the following:

Instructor: ___________________
Course: _____________________

Name ________________________  ________________________  ________________________
FIRST    MIDDLE    LAST

Street Address ________________________________________________________________

City/State/ZIP _________________________________________________________________

Telephone Number _____________________ Email _______________________________

Social Security #_________________________ Birthday __________________

I hereby certify that the information in this form is true, correct, and complete to the best of my knowledge. I certify that I have answered all questions to the best of my ability and I have not withheld any information that would unfavorably affect my opportunity to participate in Service Learning or Field Experience. I also understand and acknowledge that any misrepresentation or omission of any fact discovered on this form will result in a termination from the course and / or program.

_____________________________________________________ Date __________________

Signature

DISCLOSURE STATEMENT

In order to make every reasonable effort that Kirkwood Community College students provide a safe environment when they work in the community, we require that our students complete the following information.

1) Have you ever been convicted of a crime other than parking or speeding? ______YES ______NO
   *If yes, please give a brief explanation of the charge(s).__________________________

2) Have you ever been convicted of, or had an administrative finding, violating any law involving child abuse, sexual abuse, physical abuse, sexual harassment or exploitation, or any other crime related to children or dependent adults? ______YES ______NO
   *If yes, please give a brief explanation of the charge(s).__________________________

3) Have you ever been convicted of driving under the influence? ______YES ______NO
   *If yes, please state the date of the conviction._______________________________

4) Do you currently have charges pending relating to any of the aforementioned? ______YES ______NO
   *If yes, please give a brief explanation relating to the charge(s).________________

5) Do you have any mental health impairments? ______YES ______NO
   *If yes, please give a brief description of the impairment.______________________

6) Please state if there is anything else that you would like to disclose that would impact your ability to complete a Service Learning Experience or Field Experience.__________________________________________
The undersigned, being over the age of 18 years or in the capacity of legal guardian for the person identified below, does hereby acknowledge that there are risks of physical harm and injury inherent in service activities, including but not limited to working with people, participating in sports and recreation activities, cleaning and maintenance, preparing and serving food, and other service activities, and in transportation to and from service work sites. As partial consideration for being allowed to participate in this activity associated with Kirkwood Community College, I hereby assume all risks inherent in the travel activity and connected activities, and hereby knowingly and intentionally waive any and all claims of whatsoever kind or nature which may arise out of this activity against institutions.

I specifically acknowledge that in performing these activities, I am doing so in the status of a server/volunteer of the community agency listed above, and not a server/volunteer, employee, or agent of Kirkwood Community College. I further waive any and all claims which may arise from such service activities, acknowledge that workers' compensation benefits are not extended to me in my capacity as server/volunteer, and hold Kirkwood Community College harmless from any of my negligent acts. I further state that the service/volunteerism I am engaging in is not a part of being an employee of Kirkwood Community College in any capacity.

I specifically grant this waiver of claims for myself and/or on behalf of my ward identified below and will indemnify and hold harmless such institutions and individuals from any claims.

Printed Name

Signature

Emergency phone number: ________________________________

Date: _____________________________