

Application for Cooperative Work Experience

CITY COLLEGE OF SAN FRANCISCO

CRN:	XXXXX
COURSE:	FSC 107B
UNITS:	2.5
Term:	Fall or Spring
Year:	

San Francisco Community College District

STUDENT INFORMATION

Print - all information below

Student I.D. #: _____ Email: _____

Male Female Day Phone: _____ Evening Phone: _____ Cell: _____

Name (Last): _____ First: _____ Middle Initial: _____

Address: _____ City: _____ Zip: _____

Note:

Will need Social Security number, if you're injured during this class: _____

Your Major: Fire Science Technology - Occupational Goal: Firefighter

I am currently enrolled in an occupational program. Yes: x No:

I am now taking _____ units of college credit besides work experience. (7 units total required during Spring & Fall)

I have completed _____ units of Work Experience prior to this semester.

Work Experience Employer Firehouse # _____ San Francisco Fire Department

Address: _____ San Francisco, Ca. 94 _____

Supervisor: On-Duty Fire Officer (rotating).

Your Position: Fire Intern - Ten Hours per Week (10 hours - Unpaid Internship) one day per week

How long have you had this position: N. A.

Student Learning Outcome for this course and description of duties:

Analyze dangerous situations and assist with retrieving appropriate tools and equipment for fire personnel.

Student Signature

Date

FOR FACULTY USE

1. Worksite Contact: _____ On Duty Officer _____ Rank: n. a. Date: _____
Comments:

Instructor Bill Long: _____ **Date:** _____