

Application for Cooperative Work Experience  
CITY COLLEGE OF SAN FRANCISCO

CRN:	XXXXX
COURSE:	FSC 107B

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: \_\_\_\_\_ **R**

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. **R**

Student Learning Outcome for this course and description of duties:

Instructor Bill Long: \_\_\_\_\_ Date: \_\_\_\_\_