

Community Engagement Student Information Form

Thank you for volunteering at this community engagement event. Prior to event, please fill out the following form below:

Title of Event: _____

Location: _____

Date: _____ Time: _____

Attending Faculty - Contact Information: _____

Student Information:

Student Name	Panther Learning Community	Panther ID	M1, M2, M3, M4	Email Address	Contact Number	Received Training? Y/N

I acknowledge that I am representing FIU HWCOC while providing health services to the South Florida Community. As specified in the student handbook, I will present myself as a medical student and interact effectively with other professionals to address health care needs of community members. I will apply professional behavior, attitudes, humanism, self-awareness, emotions, values, and identity for the care of patients, self, and others.

Signature: _____

Date: _____

**Please note, any cancellations should be communicated at no later than 1 week prior to the day of service.*