

Service-Learning Agreement

To be completed and signed by the Community Partner Supervisor, Student, & Faculty Instructor.

Student _____

Phone # _____ E-mail _____

Community Partner _____

Phone # _____ Website _____

Community Partner Supervisor: _____

Title: _____ Phone # _____ E-mail _____

Start Date of Service-learning: _____

Final Date of Service-Learning: _____

Scheduled Days/Times for Student to attend Service-Learning Site: _____

Proposed Service-learning tasks and experiences:

What the student is expected to learn through the service experiences:

Student agrees to work the mutually-determined schedule and to give 24 hours notice to Community Partner Supervisor if unable to attend on any given day.

Community Partner Supervisor agrees to provide Student with necessary orientation/ training concerning the work as outlined above, to supervise the student, to verify Service-learning Time Log, and to complete the Mid-Semester Assessment and Final Evaluation.

Please Sign and Date:

Community Partner Supervisor _____ Date _____

Student _____ Date _____

Faculty _____ Date _____