Student Activities & Health Services
**Service Learning Program**
Building 1400, Office S205H
(in front of Transfer Center counter)
900 Otay Lakes Road
Chula Vista, CA 91910
(619) 482-6537 (619) 482-6554 fax
dtaft@swccd.edu
www.swccd.edu, *click on "Student Info." and then on "AmeriCorps/SL"*

# Service Learning Agreement for Fall 2009

Instructions: Return this form by **Friday, October 23, 2009 at 3:00 p.m.** to the Service Learning office after it has been completely filled out and before beginning volunteer activities.

**SECTION 1: Community Partner/Agency and Student Information**

Volunteer Organization Name

Contact Person

Phone

**What tasks did you and the volunteer organization decide you would work on?**

Student's Name

College ID# Phone #

Email

Address

City State Zip

SWC Instructor Name Class

**SECTION 2: Learning Objectives—(ask SWC Instructor for assistance if needed)**

1. _____

2. _____

3. _____

**Make sure that the tasks you will be performing will help you meet your learning objectives.**

**SERVICE LEARNING PROGRAM STATEMENT**

The student will comply with the Service Learning program guidelines and regulations. The agency and the college will provide necessary supervision and counseling to insure that the student receives appropriate educational benefits from this volunteer experience. It is understood the college and agency will, as required by law, comply with all appropriate federal and state regulations. Pursuant to Labor Code Section 3368, workers' compensation coverage is provided for students enrolled in classes through the Southwestern Community College District. The agency reserves the right to terminate a student due to unsatisfactory progress, or failure to meet work standards, at which time the college will be notified. The college reserves the right to terminate a student who may become ineligible, at which time the agency will be notified. Students are not employees of the agency and are not entitled to any benefits to which agency employees are entitled. The undersigned agree with the validity of the learning objectives listed above.

Student's Signature (Date) Agency Representative Signature (Date) SWC Instructor's Signature (Date)