

Service Learning Agreement

STUDENTS: Please complete this form, and return **with all required signatures** to your course instructor. Make copies for yourself.

FACULTY: This form is **REQUIRED** of all service-learning students. Return completed forms to the Service Learning office (601C) on or before the **8th week** of the Fall or Spring semester.

Student Information (Print)

Last Name: _____ First Name: _____ SWC ID _____
E-mail: _____ Phone: _____

Course Information

☐ Fall ☐ Spring ☐ Summer

Course Name: _____ Instructor: _____ Year: _____

Community Partner Information (*May ONLY select from the Directory of Community Partners*)

Agency Name: _____
Agency Contact Person: _____ Title: _____
Agency Address: _____ City: _____ Zip code: _____
E-mail: _____ Phone: _____

Service Activities: Identify and describe the nature of the service activities in which you will be engaged. Be specific.

Learning Objectives: What do you hope to learn from this service experience? Include relevant course learning outcomes, as well as specific learning objectives related to your service work at a site. (Ask Instructor for assistance).

1.

2.

3.

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 ensure 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 and the District shall secure and maintain comprehensive general liability insurance.
- 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 and program statement listed above.

Student's Signature

Date: _____

Agency Representative Signature

Date: _____

Instructor's Signature

Date: _____