SERVICE LEARNING PARTNERSHIP AGREEMENT

Student Name: ___________________________________________________________

Student phone: _____________________ Student e-mail: _________________________

Agency: _____________________________________________________

Part I: Students are expected to:

• Abide by the Service Learning Code of Professional and Ethical Behavior.
• Fulfill the minimum requirement of service hours listed in the syllabus during the semester in which the class is taken.
• Communicate with the Service Learning liaison and site supervisor about any scheduling changes.
• Fulfill all agreed upon duties and responsibilities at the service placement.
• Be open to learning about cultures and lifestyles that are different from their own.
• Speak with their supervisor and/or instructor if uncomfortable or uncertain about what they are to do while at their site.
• Respect the confidentiality of the people served.
• Participate in the evaluation process at the beginning and end of the semester.

Part II: Community Partners are expected to:

• Communicate with the Service Learning liaison about available service hours.
• Orient students to the agency’s mission and goals so that they may better understand their role within the agency.
• Provide work that is significant and challenging to the students, as well as conducive to learning and reflection.
• Provide training, supervision, feedback, and resources for the students to succeed during their service experience.
• Ensure a safe work environment and reasonable hours for the students to perform their service.
• Hold students accountable for completing the minimum requirement for service hours.
• Complete a Service Learning Placement Contract with each student at the beginning of the semester and a Service Learning Placement Work Assessment at the end of the semester.

Part III: Agreement

Please indicate and record your consent by signing below. Please retain copies for your own records. Students should submit a copy to the instructor as soon as possible.

_____ Students check here if you are willing to allow your journal entries and any other reflections on the work of the agency to be shared with a representative from the agency.

Student signature: ______________________________________________________ Date: _____________

Supervisor signature: ____________________________________________________ Date: _____________