Community Service-Learning Participant Agreement

In order for community service-learning partnerships to be effective and beneficial for all parties involved, it is essential that several basic responsibilities are outlined and understood. As a community service-learning participant, I agree to the following:

1. I will attend all meetings, orientation/training sessions, and reflection sessions as deemed necessary by my community organization and my instructor.

2. I will be punctual, responsible, appropriate, and professional. I will notify my supervisor in case of illness and make arrangements for any absences as far in advance as possible. I understand any absence will be noticed since community work is very relationship oriented and people depend on me to keep my commitments.

3. I will keep an accurate record of the hours that I contribute at my community organization for the course. I will turn this information in to my instructor via the Community Involvement and Service-Learning Hourly Log and have an organization staff member sign the log to verify my work at the end of the semester.

4. I will respect and follow confidentiality, ethical practice, and safety guidelines as outlined in the “Student Guide to the Academic Service-Learning Experience.”

5. I will adhere to the rules, regulations, and other requirements of the community organization in accordance with city, state and federally mandated policies and procedures.

6. I will keep in mind that I am representing not only myself, but also other current and future University students while I am working in the community.

7. I will treat the individuals I come into contact with at my community organization with respect by challenging myself to keep an open mind, by examining and questioning my values and beliefs, and especially while interacting with people different from myself in terms of race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status, or sexual orientation.

8. I will notify my community organization supervisor, instructor, and the CCLC staff of any problems as soon as they arise.

9. I understand that there are risks involved in doing community work and that the University does not assume any responsibility for injuries or loss to my personal property while I am participating in a community organization. I understand I should obtain health and/or personal property insurance if I do not have it.

10. I will complete an evaluation of the community-based learning experience, and provide a copy of this evaluation to the CCLC at the end of the term if applicable.

Student Participant:
I have read and understand the above agreement and I agree to complete _____ hours per week, or ____ total hours, between the dates of __________ to __________ in the fulfillment of the community service-learning objectives described above and to meet my academic requirements of this service-learning experience.

Signature: ____________________________ Date: ______________________

Community Organization/Project Supervisor:
I hereby agree to guide the above student’s work done under my direction, to verify completed hours as logged on the Student Hourly Log, to do a mid-term check-in to evaluate and discuss progress, and to complete an evaluation of the student’s work at the end of the semester.

Signature: ____________________________ Date: ______________________

Instructor/Faculty Member:
I have read and approve the student’s community service-learning goals.

Signature: ____________________________ Date: ______________________
Community Service-Learning Contract

Student's Name: ________________________________ Student ID#: __________________
Student Email: ________________________________ Student Telephone: __________________
Student Address: ________________________________

Course Name: ________________________________ Course Department & Number: __________________
Instructor Name: ________________________________ Instructor Telephone: __________________
Instructor Email: ________________________________

Community Organization/Project Name: ________________________________
Supervisor Name: ________________________________ Supervisor Telephone: __________________
Supervisor Email: ________________________________
Supervisor Address: ________________________________

Community Work or Community-based Research Objective(s)

A. What are your community work or community-based research objective(s) for this project:
(e.g. to understand the legal rights of tenants and to assist community residents convince their landlords to upgrade rental units)

B. What method(s) are you planning to use to achieve your community work or community-based research objective(s): (e.g. to research tenants’ legal rights and available means of redress in libraries or by interviewing tenants rights’ advocates and legal aid lawyers who have successfully worked with tenants to improve their housing, etc.)

C. What evidence will you use to show you have achieved your objective(s):
(e.g. documented improvements in residences OR brief case histories showing efforts that were made and the results etc.).