

Service Learning Contract

Student Last Name: _____ First Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

Instructor Name: _____

Course Name and Number: _____

Agency Name: _____ Site Supervisor: _____

Starting Date: _____ Ending Date: _____

Days and Hours of Service: _____ Hours per week: _____

Learning Objectives

Why did you select this service learning site?

What do you hope to learn throughout the semester through the service learning experience?

Describe the types of service or volunteer work you will be doing at the site.

Required Signatures

I agree to commit to the above named organization for the duration of the semester. If I am unable to attend my scheduled time for any reason, I agree to contact my site supervisor ahead of time to let them know of my absence.

Student Signature: _____ **Date:** _____

Supervisor at the site acknowledges service work is being done for course credit and has talked with the student about their learning objectives. Will provide the normal training and supervision provided for any service.

Site Supervisor Signature: _____ **Date:** _____

Instructor acknowledges all of above as meeting the requirements as specified in the syllabus.

Instructor Signature: _____ **Date:** _____

Please complete and print two copies of this form. One copy should go to your instructor, the second copy should be kept for your records.