



Service Learning Program

Due date: _____
Turn it in at VV C-414 RG B-208 TM-1527

Student Application

Will you graduate this Semester: Yes / No

Email Address: _____

Name:	Student ID#:	Instructor:	Course:
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Providing the following information is optional and will be used for reporting purposes only:

<p>Age: _____</p> <p>Gender: <input type="checkbox"/>Female <input type="checkbox"/>Male</p> <p>Campus: <input type="checkbox"/>RG <input type="checkbox"/>VV <input type="checkbox"/>TM <input type="checkbox"/>NW <input type="checkbox"/>MDP</p> <p>Major: _____</p> <p>Participated in Service Learning before: <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>Ethnicity:</p> <p><input type="checkbox"/>White (Non-Hispanic) <input type="checkbox"/>African/American (non-Hispanic)</p> <p><input type="checkbox"/>Hispanic/Latino <input type="checkbox"/>Asian/pacific Islander</p> <p><input type="checkbox"/>Native American/Alaskan Native <input type="checkbox"/>Multi-racial</p> <p>Veteran of the Armed Forces: <input type="checkbox"/>Yes <input type="checkbox"/>No</p>
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Community Organization Agreement:

The community organization accepts the above named student for Service Learning-Community Partnerships. The student shall in no manner be considered to be an employee, agent or volunteer of the El Paso Community College. The volunteer relationship is solely between the Community organization and the student. The college does not warrant or represent that the service to be provided will meet the needs of the community organization.

The community organization shall and does hereby defend and hold the El Paso Community College harmless from all claims or action or actions which may arise from the volunteer service being provided by the student. The college waives no right or defense arising under the Texas tort claims act.

Name of Organization: _____

Agency Supervisor's Name and Phone Number: _____

AGENCY SUPERVISOR'S SIGNATURE

Faculty Agreement:

Objectives: In addition to satisfying the course objectives/ assignments, the student must connect, compliment or contrast service in the community with course objectives as describe below:

Criteria for Evaluation of Service:

INSTRUCTOR'S SIGNATURE

Student Agreement:

By signing this form, I represent to the college that I am of sufficient mental and physical capability and condition to participate in the Service Learning program. I understand that my participation is not required by the college, that the Program activities are optional and conducted as an educational function sponsored by the college and there may be risk of bodily injury. I further understand that the college disclaims liability for any claims arising from these activities, and I release, remise and discharge the college from the same.

STUDENT'S SIGNATURE

Service Learning Program

Phone: (915)831-2489

Email: servicelearning@epcc.edu

Website: www.epcc.edu/servicelearningprogram

Click on **AGENCY LIST**

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FOR OFFICE USE ONLY:

Date Rec'd: _____

Date Entered: _____

Initials: _____