

SPOKANE FALLS COMMUNITY COLLEGE SERVICE-LEARNING AGREEMENT

Student's Name _____ Student ID* _____

Student Contact Info Phone* _____ email* _____

Quarter _____ Course _____ Instructor _____

of hours of service for course _____ Agency _____

(Fill in all fields above prior to beginning Service-Learning except fill in fields marked with * just prior to submitting to your Instructor.)

ACKNOWLEDGEMENT:

Student please indicate your understanding of Service-Learning and acceptance of terms by signing below prior to beginning your service.

I understand that: Service-Learning is a commitment to a community agency – to people who are depending on me – and to the Community Colleges of Spokane.

I agree to: Abide by all agency rules, regulations and policies and to maintain confidentiality.

I acknowledge that: I am in an unpaid and voluntary status with the agency/Service-Learning site, and as such, may not have worker's compensation coverage for "job related" accidents and injuries.

Failure to comply with these standards will result in the termination of the Service-Learning experience.

Student Signature _____ Date _____

EDUCATION PLAN AGREEMENT:

With the help of the agency supervisor, please complete this section before your Service-Learning begins. (i.e., complete this section during your site orientation.)

Explanation of Instructor's educational course goals.

Description of service work to be done or academic project to complete for this community agency.

Agency Supervisor's Approval Signature _____ Date _____

NOTE: Many agencies require a background check to be done and results available prior to commencing of service work. SFCC does not do these background checks for the agency.

TIME SHEET:

Please track your hours and submit this form to your instructor before the end of the Quarter.

Date	Hours	Supervisor's Initials

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Faculty Signature (SFCC Course Instructor) _____ Date _____

(Faculty please submit final reviewed form to Service-Learning for recording.)