

# Dominican University of California Service-Learning Agreement



**STUDENTS:** Please complete this form and return the completed form **with all required signatures** to your course instructor.

**Student Name:** \_\_\_\_\_ (Print first & last name) **Student ID#:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone #:** ( ) \_\_\_\_\_

**Course Name:** \_\_\_\_\_ **Section #:** \_\_\_\_\_

**Course #:** \_\_\_\_\_ **Semester/Yr** \_\_\_\_\_

**Course** \_\_\_\_\_

**Instructor:** \_\_\_\_\_ (Print first & last name) **Phone #:** ( ) \_\_\_\_\_

**Community** \_\_\_\_\_

**Partner:** \_\_\_\_\_ **Phone #:** ( ) \_\_\_\_\_

**Supervisor/** \_\_\_\_\_

**Teacher:** \_\_\_\_\_ (Print first & last name) **Phone #:** ( ) \_\_\_\_\_

**CP Address:** \_\_\_\_\_

\_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

## Learning Objectives:

What do you hope to learn from this service experience? Include relevant course learning outcomes, as well as specific learning objectives related to the service work at your site.

## Service Activities:

Identify and describe the nature of the service activities in which you will be engaged. Be as specific as possible in describing your responsibilities and duties.

**The Student:**

1. I agree to act in a responsible manner while representing Dominican University of CA at the service learning placement site, be punctual and conscientious, and abide by all rules and regulations that govern the site in which I have been placed.
2. I understand the connection between the service-learning course, and the service and learning objectives to be fulfilled at the service site.
3. I have participated in an orientation at my service site and understand my role as a service-learning student in working with the community partner.
4. I agree to work according to the schedule below to fulfill my service assignment:
5. Respect the confidentiality of clients of the community partner.
6. Give notification in advance if you must miss or be late for an agency appointment. If advance notification is impossible, call as soon as possible thereafter.
7. I agree to complete any forms, evaluations or other paperwork required by either the course or the supervisor.

Total Service Hours for: Semester: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Days of Service:							
Service Times:							

Student Signature: \_\_\_\_\_ (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

**The Community Partner Supervisor:**

1. I agree to orient the student to the overall operation of the agency and its role in addressing social issues & needs.
2. I have reviewed the student’s service and learning objectives and have determined that they constitute an appropriate service-learning assignment.
3. I agree to guide this student’s work and/or designate a qualified person to supervise the student’s time, activities and learning to evaluate student’s performance. (Name of person if other than signor below \_\_\_\_\_ )
4. I agree to provide adequate initial training/direction to the student so that they feel comfortable with the assignment and can proceed with appropriate independence.
5. I will submit a brief final evaluation of his/her achievement to the course instructor at the end of the service assignment.
6. I agree to discuss any concerns about the service-learner’s performance with him/her directly, and/or with the course instructor and SL staff if necessary.
7. I understand that the student will complete an evaluation of his/her service learning experience at my organization, and that this information may be used in Service-Learning Program’s publications and reports. All names and institutional identifications will be kept confidential.

CP Supervisor Signature: \_\_\_\_\_ (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

CP Supervisor: \_\_\_\_\_ (Print first & last name) \_\_\_\_\_

CP Supervisor Title: \_\_\_\_\_ (Print) \_\_\_\_\_

**Faculty/Course Supervisor:**

1. I have examined and approved the student’s service and learning objectives. They are appropriate to the themes and topics of this service-learning course.
2. I agree to provide adequate orientation to service-learning pedagogy; the community partner and the connection between the agreed upon service and course goals.
3. I agree to work collaboratively with the community partner to arrange the placement/project & to facilitate solutions to any problems that may arise.

Faculty/Course Supervisor \_\_\_\_\_ (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

Faculty/Course Supervisor \_\_\_\_\_ (Print first & last name) \_\_\_\_\_