

Center for Service-Learning
College of Coastal Georgia
1 College Drive
Brunswick, GA 31520
(912) 279-5716 OR (912) 279-5976

Faculty/Community Agency Agreement Form

Faculty Name/Dept: Semester/Year:

Course Number/Title:

Community Partner (organization):

Partner Contact Person/Title/Phone:

Brief description of the learning objectives of the service-learning course as they relate to the proposed service experience:

Briefly describe the nature of the service project or placement (include the community-identified needs that the project or placements will meet):

Number of students desired for the project/placement (estimated):

Weekly hours per student required for the project/placement (estimated): Number of weeks expected:

Is a background check required? Yes No

If yes, is the student responsible for paying for the background check? Yes No
*If yes, at what cost? _____

Is a formal orientation required for students to serve? Yes No
*If yes, how long is the orientation (hours)? _____

Level of student supervision the faculty member expects from the community partner:

Level of responsibility and skills that the community partner can expect from students:

Statement describing any student orientation/training activities offered by the community partner, the faculty member, or both:

We certify that the service project has been developed collaboratively by both the faculty member and the community partner to ensure that student learning objectives are met and that the service provided meets community-identified needs. Both the faculty member and the community partner have received a copy of this completed partnership agreement form.

Faculty Member Signature

Date

Community Partner Signature

Date

Please make a signed copy of this form available to the Center for Service-Learning to keep on file.