

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

Service-Learning Student/Agency Agreement Form

Student Name: _____ **E-Mail:** _____

Class Number/Name: _____ **Instructor's Name:** _____

Name of Community Organization: _____

Site Supervisor or Coordinator: _____ **Phone/E-Mail:** _____

Service-Learning Service Activity Description: _____

Student: I agree to...

- perform my duties to the best of my ability.
- adhere to organizational rules and procedures, including record-keeping requirements and confidentiality of organization and client information.
- be open to supervision and feedback which will facilitate learning and personal growth.
- complete _____ hours of service per week from the time period beginning _____ (mo), _____ (day) and ending _____ (mo), _____ (day). If specific days and hours are agreed upon, they are listed as follows:
- M_____ T_____ W_____ Th_____ F_____
- meet time and duty commitments or, if I cannot attend, provide 24 hour notice so that alternative arrangements can be made.

Supervisor: I agree to...

- provide adequate information and training for the service-learner including information about the organization's mission, clientele and operational procedures.
- provide adequate supervision to the service-learner and provide feedback on performance.
- provide meaningful tasks related to skills, interests, and available time.
- provide appreciation and recognition of the service-learner's contribution.

Student Signature _____ Date _____

Supervisor Signature _____ Date _____