



Service-Learning Student/Faculty/Agency Agreement

Part A: To be completed by Student

Name: _____
 ID Number: _____
 Email: _____
 Course: _____

What do you hope to gain from this experience?

Semester: _____
 Faculty Name: _____

What do you hope to contribute/accomplish?

Is this your first service-learning experience at
 Richland Community College?
 YES NO

Part B: To be completed by Agency

Agency Name: _____
 Agency Contact Person: _____
 Address: _____
 Phone: _____
 Email: _____
 Website: _____

What will the student's main duties and responsibilities
 be? _____

 For approximately how many hours each week/month
 will the student work at your agency? _____

Part C: To be completed by Student, Faculty, and Agency before beginning service

Student: I have contracted with the above listed agency to perform a minimum of _____ hours of service during _____ semester of the year _____. I understand that I am contracted to do this work as part of my class and am committed to fulfilling my duties as a volunteer.

(Student) Printed Name *(Student) Signature* *Date*

Faculty: I am aware of my student's agreement with the above mentioned agency and assert that the service to be performed will meet the requirements of my service assignment.

(Faculty) Printed Name *(Faculty) Signature* *Date*

Agency: The above named student has agreed to volunteer at my agency this semester. I have met with the student and informed him/her of the duties that my agency expects to be performed this semester.

(Agency Representative) Printed Name *(Agency Representative) Signature* *Date*

Part D: To be signed by Student and Agency upon completion of service

The above named student has fulfilled his/her agreement for service. *

Student's Printed Name *Student's Signature* *Date*

* Any exceptions to this statement agreement should be communicated in writing and attached to this form.

