



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.

