

Service-Learning Self Placement Position Form

****When typing this form, please TAB from one text box to the next after completing each section****

In order for your Service-Learning Self Placement Form to be accepted, you must have your instructor e-mail this form (filled out by you) to csl@shoreline.edu

Student Information**

Student Name Student Number Course

Email Phone

Organization Information

Organization Name

Mailing Address

Street Address (if different)

Website address

Contact Person Title

Phone FAX Email (REQUIRED)

What is your organization all about?

Mission statement or other background information (you may attach additional documentation):

Describe your service-learning position. Position should be designed for 2-4 hours of work per week for approximately 9 weeks or for 15-30 hours over the course of the quarter.

Please include:

- position title
- supervisor name and contact information (if different from above)
- service-learning schedule (days and times)

Center for Service-Learning

Location: PUB 9301

Phone: (206)533-6690 Fax: (206)546-5869

Email: csl@shoreline.edu

<http://servicelearning.shoreline.edu/>

In my service-learning position, I will do the following:

Please list your role at the organization and the tasks and/or activities you will undertake.

Through service-learning, I hope to learn:

SITE SUPERVISOR AGREEMENT:

Please check off or initial each item to verify completion and/or agreement.

I, _____ (supervisor name), hereby acknowledge that _____ (student name) is adequately oriented to _____ (community site/agency).

I agree to:

- Provide adequate training and supervision for the service-learning student
- Provide responsibilities for the student that meet the stated learning objectives for the student's course
- Complete necessary service-learning forms by the due dates (learning contract, time log and community feedback form)
- Contact the instructor or service-learning coordinator should I have any concerns about the service-learning responsibilities or student.

Supervisor Signature: _____ **Date:** _____

Thank you for registering for service-learning! Have a good quarter....