

Office: FOSS Building 5361 Phone: 206.533.6690 Email: csl@shoreline.edu Fax: 206.546.5869

SERVICE-LEARNING CONTRACT*

*THIS CONTRACT SHOULD BE FILLED OUT DURING YOUR ON-SITE ORIENTATION WITH YOUR SITE SUPERVISOR.

Contract Due Date:		Minimum Hours Required:					
Student Name:		S	Student ID:				
Course/Section:			С	Course Instructor:			
Community Site/Agency:			S	Site Supervisor:			
Service- Position	Learning						
Course L	earning Obje	ectives (See	your syllab	us)			
		·		ŕ			
Student's	s Responsibi	lities to the	Communit	<u>γ</u> (To be fille	ed out with s	supervisor)	
Regular \	Weekly Servi	ce Schedul	e (To be ag	reed upon <u>w</u>	ith supervis	or)	
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	

	AGREEMENT: If or initial each item to verify completion and/or agreement.				
	(student name), hereby acknowledge that I have ation provided by the aforementioned community site/a				
□ Revie □ Determination □ Determination	e supervisor and I have: Reviewed the learning objectives for my course Determined the responsibilities to the community that I will fulfill over the course of my commitment to this agency Determined a regular weekly service schedule that I will adhere to so that I will complete my service in a timely fashion				
☐ I will of mann of cordinate of comp of my representations. ☐ I will of the mann of contact of the mann of the m	comply with agency policies, standards, and regulations her with respect for others, especially with regard to age infidentiality. The to honor the minimum hourly commitment required for conent of my class, as well as any of the additional train in service-learning site as detailed by the course syllabus sentative. The familiarized myself with and am held responsible for knined in the Online Service-Learning Orientation. The contact the Service-Learning Coordinator or my professulties, and/or feedback about this agency or placement.	or the service-learning ing and/or time requirements and the community agency nowing the information that is			
Student Sig	nature: Date: _				
Please check o	ERVISOR AGREEMENT: If or initial each item to verify completion and/or agreement. (supervisor name), hereby acknowled (student name) is adequately eriented to				
site/agency).	(student name) is adequately oriented to _	(community			
☐ Provide stude ☐ Compand com	de adequate training and supervision for the service-leade responsibilities for the student that meet the stated leant's course plete necessary service-learning forms by the due dates community feedback form) act the instructor or service-learning coordinator should ervice-learning responsibilities or student.	earning objectives for the s (learning contract, time log			
Supervisor \$	Signature: Da	te:			