



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

Student Information**

Organization Information

Organization Name

Mailing Address

Street Address (if different)

Website address

Contact Person	Title
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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)

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....