

DCC Service Learning Agreement Form Student/Agency

Student Name :	Course Name/Number:
Community Site and Number:	Student Contact Number and Email:
Site Supervisor:	Professor:

I _____ will perform my respective duties to the best of my ability and will adhere to organizational rules and procedures, including recordkeeping and evaluation requirements and confidentiality of organization and client information. I will be open to supervision and feedback which will facilitate learning and personal growth.

I will complete _____ hours of service per week from the period beginning _____ (month) _____ (day) and ending _____ (month) _____ (day).

If for some reason, I cannot attend the above scheduled times, I will provide 24-hour notice to the professor and agency contact so that alternative arrangements can be made.

****With some projects, there may or may not be a set schedule (some students may complete project on/off site or both). On those occasions, students are given the option to keep a time log spent on the project. The log should be signed by the professor, to review progress, by the end of the semester.**

Student Name (Please Print): _____

Date: _____

Student Signature: _____

Date: _____

Supervisor (Please Print): _____

Date: _____

Supervisor Signature: _____

Date: _____

Faculty Signature: _____

Date: _____

Student and agency expectations are attached!

By signing this document, signers agree to the attached list of expectations.

To be completed by student and supervisor and returned to instructor within a week after project start date .

Student Service Learning Expectations

1. I have reviewed and understand the benefits and risks associated with participating in a service learning project
2. I understand the connection between the service learning course, and the student learning outcomes to be fulfilled at/for the service site.
3. I have participated in an orientation for my service site and understand my role as a service learning student in working with the community partner.
4. I agree to work according to the schedule agreed upon to fulfill my service assignments. Any variation to these hours or project will be in agreement with my professor and site supervisor.
5. I agree to complete any forms (waivers and liability), evaluations or other paperwork required by either the course or the site supervisor.
6. I agree to act in a responsible manner while representing Dutchess Community College at the service learning placement site, and abide by all rules and regulations that govern the site in which I have been placed.

Agency Service Learning Expectations

1. I have reviewed the student's service and learning outcomes and have determined that they constitute an appropriate service learning assignment.
2. I agree to guide this student's work and to submit a brief final evaluation of the student's achievement to the course instructor at the end of the service assignment.
3. I agree to complete a survey regarding the quality of services provided by the Office of Workforce Development and Continuing Education.
4. I agree to discuss any concerns about the service learner's performance with the student directly, and/or with the course instructor and The Workforce Pathways Coordinator if necessary.
5. I understand that the student will complete an evaluation of the service learning experience at my organization and that this information may be used in the Office of Workforce Development and Continuing Education's publications and reports. All names and institutional identifications will be kept confidential.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS
ASSUMPTION OF RISKS, AND HOLD HARMLESS AGREEMENT**

In consideration of participating in the Academic Service Learning Project at _____ [insert community agency] on or about _____ [insert date range of Academic Service Learning project], as part of the curriculum requirement by the Dutchess Community College _____ [insert college/department/course etc.], I hereby agree as follows:

I, _____, for myself and my estate, heirs, administrators, executors, and assigns, hereby release and hold harmless the State of New York, the Dutchess Community College Board of Trustees, and their officers, directors, employees, representatives, agents, and volunteers (collectively, the "Releasees"), from any and all liability and responsibility whatsoever, however caused, for any and all damages, claims, or causes of action that I, my estate, heirs, administrators, executors, or assigns may have for any loss, illness, personal injury, death, or property damage arising out of, connected with, or in any manner pertaining to the Academic Service Learning Project, whether caused by the negligence of Releasees or otherwise.

I fully understand that there are potential risks and hazards associated with the Academic Service Learning Project and its related travel, including, but not limited to, possible injury or loss of life. I further understand that while participating in the Academic Service Learning Project, I will be visiting locations and interacting with persons that are not associated with or under the control or supervision of the Releasees. Despite the potential risks and hazards associated with the Academic Service Learning Project, I wish to proceed, and freely accept and assume all risks and hazards that may arise from my participation in the Academic Service Learning Project and that could result in loss, illness, personal injury, death, or property damage, whether caused by the negligence of Releasees or otherwise. I further agree to comply with all applicable laws and ordinances and Dutchess Community College ("College") regulations, rules and policies.

I further hereby agree to indemnify and hold harmless the Releasees from any judgment, settlement, loss, liability, damage, or costs, including court costs and attorney fees for both the trial and appellate levels that Releasees may incur as a proximate result of any negligent or deliberate act or omission on my part during my participation in the Academic Service Learning Project. I further agree to give the College the right and permission to record my participation and appearance on videotape, audiotape, film, photography or any other medium and to use my name, likeness, voice and biographical information in connection with these recordings. The College may exhibit or distribute all or any part of these recordings for any educational or promotional purpose which the College and its employees deem appropriate. All such recordings shall be the College's property.

In signing this agreement, I acknowledge and represent that I have read and understand it and that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same.
I HAVE READ THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND VOLUNTARILY AGREE TO BE BOUND BY IT.

Dated this _____ day of _____, 202__.

Name of Participant

Address

City / State

Zip Code

Participant's Signature
(I certify that I am 18 years of age or older)

Parent/Guardian's Signature
(If Participant is under 18 years of age)