

**SPOKANE FALLS COMMUNITY COLLEGE SERVICE-LEARNING AGREEMENT**

Student's Name \_\_\_\_\_ Student ID\* \_\_\_\_\_

Student Contact Info Phone\* \_\_\_\_\_ email\* \_\_\_\_\_

Quarter \_\_\_\_\_ Course \_\_\_\_\_ Instructor \_\_\_\_\_

# of hours of service for course \_\_\_\_\_ Agency \_\_\_\_\_

(Fill in all fields above prior to beginning Service-Learning except fill in fields marked with \* just prior to submitting to your Instructor.)

**ACKNOWLEDGEMENT:**

**Student please indicate your understanding of Service-Learning and acceptance of terms by signing below prior to beginning your service.**

**I understand that:** Service-Learning is a commitment to a community agency – to people who are depending on me – and to the Community Colleges of Spokane.

**I agree to:** Abide by all agency rules, regulations and policies and to maintain confidentiality.

**I acknowledge that:** I am in an unpaid and voluntary status with the agency/Service-Learning site, and as such, may not have worker's compensation coverage for "job related" accidents and injuries.

**Failure to comply with these standards will result in the termination of the Service-Learning experience.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**EDUCATION PLAN AGREEMENT:**

**With the help of the agency supervisor,** please complete this section before your Service-Learning begins. (i.e., complete this section during your site orientation.)

Explanation of Instructor's educational course goals.

\_\_\_\_\_

Description of service work to be done or academic project to complete for this community agency.

\_\_\_\_\_

Agency Supervisor's Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Many agencies require a background check to be done and results available prior to commencing of service work. SFCC does not do these background checks for the agency.

=====

**TIME SHEET:**

**Please track your hours and submit this form to your instructor before the end of the Quarter.**

Date	Hours	Supervisor's Initials

Date	Hours	Supervisor's Initials

Faculty Signature (SFCC Course Instructor) \_\_\_\_\_ Date \_\_\_\_\_

(Faculty please submit final reviewed form to Service-Learning for recording.)