**Student & Course Information**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course Number & Section: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester: 20\_\_\_\_ Fall/Spring/Summer

Student TechID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Community Partner Information**

Agency Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Visit the website for your CBL site.*** What kind of work does this organization do? Why are you interested in completing hours at this site?

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Please describe what you think you might learn from this experience. How does this Community-Based Learning experience tie in to what you’re learning (or will learn) in your course?

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Do you have any questions or concerns about the Community-Based Learning experience? If so, please ask/list them here. If not, what aspect(s) of the project you are looking forward to?

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**My service with the Community Partner will begin on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and end on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, during which I will complete a total of \_\_\_\_\_\_\_\_\_ hours of service.**

The Student Agrees To:

1. Completely fulfill commitment to community partner through end-date of service.
2. Attend all required trainings and solidify schedule with community partner.
3. Notify community partner at least 24 hours in advance of any absence.
4. Keep confidential all information concerning other people, clients, employees, and agencies/organizations.
5. Follow all community partner policies and guidelines, and act professionally at all times; this includes, but is not limited to, dress code, respectful speech, accepting differences, and complying with mandatory reporting.
6. Notify the course instructor and/or Service-Learning department about any concerns related to the Community-Based Learning experience.

The Community Partner Agrees To:

1. Provide the student with orientation and support throughout the experience.
2. Ensure the experience at the site matches activities outlined on page one of this document.
3. Provide on-going feedback to assist student with successfully completing service.
4. Maintain contact (as needed) with faculty member and/or IHCC’s Center for Experiential Learning.

The Faculty Member Agrees To:

1. Provide opportunities in and outside of class for students to reflect on their Service-Learning experience and how it integrates into course goals and outcomes.
2. Maintain on-going communication with the Center for Experiential Learning and Community Partner(s) during the semester.
3. Distribute end-of-semester Service-Learning student survey to students (this can be done in-class or online) and complete end-of-semester faculty survey (done online).

The Center for Experiential Learning Department Agrees To:

1. Prepare students, faculty, and community partners for a successful Community-Based Learning experiences through education and encouragement.
2. Support all parties as a neutral resource throughout the experience.
3. Process and electronically document all paperwork involved with the Community-Based Learning experience.
4. Collect, compile, and distribute results of surveys to interested stakeholders.

The undersigned agrees to, and will uphold, the terms and conditions of this Agreement.

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

Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_