

Community-Based Learning Agreement

Fall \_\_ Spring \_\_ Year \_\_\_\_

Name Phone

Service placement/Agency name

Phone Placement Contact Person

As a student enrolled in , your signature below states your commitment to the following:

1. hours of community service in the above named placement beginning as soon as possible but no later than the week of .

2. Specific hours will be determined mutually by the student’s schedule and the needs of the placement. HOWEVER, ONCE A SCHEDULE IS DETERMINED, THE STUDENT WILL ADHERE TO AGREED UPON DATES AND TIMES.

3. Student volunteer will comply with the agency standards and regulations set forth by contact person. Student volunteer will service in a professional manner with respect for others and an open, caring attitude. Student volunteer will be on time, call the placement if they cannot attend due to an illness, and will carry-out assigned and agreed upon tasks or services. Student volunteer will abide by all policies of the placement, especially with regard to confidentiality.

4. If the student encounters any difficulties or concerns regarding this assignment, he/she will contact their professor or The Center for Community and Civic Engagement, 717-361-1108.

By signing below, the **service placement contact person** agrees to the following

1. To provide orientation and necessary training to the student volunteer, thereby stating clearly the goals of the program agency and the needs of the population served.

2. To provide on-going support and direction, as appropriate, to the student volunteer.

3. To contact The CCCE 717-361-1108, with questions, concerns, and/or feedback about this project or the student volunteer.

By signing below, the **professor** agrees to the following:

1. To provide guidance to the student and agency by stating clearly the goals of the class.

Together, we have agreed that the above student will serve in the above named placement, ending on or before , on the following day(s) during the week/weekend

At the specific time(s) .

Student Signature Date

Placement Contact Person Signature Date

Faculty Signature Date

PLEASE RETURN THIS CONTRACT to your professor by (date)