

STUDENT SERVICE-LEARNING REGISTRATION FORM

Participant Full Name:				EMPLID:		
Preferred Email Address:				Date of Birth:		
Address (Street, City, State, Zip Code):						
Will you need any accommodations with your service-learning placement because of a disability?			Are you volunteering to satisfy academic credit and/or course options?			
YES NO			YES NO			
Professor and Course:						
Name of Community (Volunteer) Organization:						
Address (Street, City, State, Zip Code):						
Supervisor's Name:			Title:			
Contact Phone Number:			Preferred Email Address:			
Description of Activities:						
Schedule: Fill out the time you will be visiting your site on the corresponding day or the week						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Attend Orientation/Training/Interview on:			How did you find out about this Service-Learning Opportunity?			

Emergency Contact Information

Please provide us with the name and phone number of the person you would like us to contact in the event of an emergency. This person cannot be someone attending this trip/activity.

Name: _____ Relationship: _____

Phone Number: _____

Mutual Expectations Agreement

I. **SERVICE-LEARNER**-I commit to the following:

- ✓ To perform my respective duties to the best of my ability with the understanding that I will not be compensated for my efforts, nor will I receive guaranteed employment upon completion.
- ✓ To adhere to the organizational rules, procedures and policies including the confidentiality of organization named above. I also agree to meet the requirements my instructor has specified, to receive academic credit for this service-learning project.
- ✓ To meet time and duty commitments or if I cannot attend to provide adequate notices so that alternatives arrangements can be made. I also agree to provide a copy of my completed/signed timesheet to my service-learning course instructor on the last day of class, as well as to the Service-Learning Advisor.
- ✓ To be open to supervision with mutual feedback which will facilitate service-learning growth.
- ✓ To finish the service-learning minimum requirement of 20 hours per student for the semester to be recognized by the service-learning office. (Your professor may require more for your course and your academic credit please be advised by your professor).

Student's Signature: _____

Date: _____

II. **COMMUNITY PARTNER PLACEMENT SITE**-We commit to the following:

- ✓ The student named above has agreed to serve at the community organization named above beginning _____ (date) and will be present for _____ (Hour(s) per week until _____ (expected completion date).
- ✓ To provide an adequate position description, orientation/training, and the final decision in accepting a student as a service-learner or volunteer.
- ✓ To provide supervision, feedback, and evaluation on student performance.
- ✓ To respect the individual and learning needs of the student.
- ✓ To provide meaningful tasks related to skills, interests, and learning objectives beneficial to the student.
- ✓ To supervise the student's work on-site and to sign or arrange to have their timesheet signed. I understand that any hours outside of those necessary for classroom credit do not fall under the jurisdiction of service-learning but will be considered independent volunteer work or employment.
- ✓ I understand that Kingsborough Community College is not held responsible for any student supervision beyond the above indicated hours and that KCC may not have means to contact the student beyond this point.

Supervisor's Signature: _____

Date: _____

III. **SERVICE-LEARNING FACULTY MEMBER**-I commit to the following:

- ✓ The student named above has my permission to participate in this service-learning project in partial fulfillment of the requirements for the course named above. In addition to the number of hours indicated above, the student will be given service-learning related reflection assignments to complete.

Instructor's Signature: _____

Date: _____

Course and Semester: _____