

Service-Learning Placement Agreement

The student and the volunteer agency must complete this form. The student is responsible for returning the completed form to Frances Thronson in Room K203-D before volunteer hours can begin.

Student Information

Name _____ SSN _____

Phone _____ e-mail _____

Community Agency Placement

Name of Community Agency _____

Agency Supervisor _____ Phone _____

Service Learning Project Description. Student should meet with the site supervisor to identify the type of meaningful work to be performed, which will meet course requirements:

Agency Supervisor's Signature: _____ Date: _____

I agree to accept the above named student and provide adequate on-site supervision.

Student Volunteer's Signature _____ Date _____

I agree to complete the Service-Learning Project described above.