

California State University, Stanislaus
SERVICE LEARNING STUDENT AGREEMENT

Section I: Student Information

Name: _____ Student ID: _____

Email: _____ Telephone: _____

Primary Emergency Contact: _____ Relation: _____

Daytime Telephone: _____ Cell Phone: _____

Secondary Emergency Contact: _____ Relation: _____

Daytime Telephone: _____ Cell Phone: _____

Section II: Service Learning/Internship Site Information

Agency: _____

Site Supervisor: _____

Address: _____

Email: _____ Telephone: _____

Service Learning Period (check one): _____fall _____spring _____summer Year _____

Section III: Course Information

Course Number: _____ Course Title: _____

Academic Credit Unit Value: _____ Faculty Name: _____

Learning Objectives

Based on the learning objectives of this class, what do you hope to learn from this community-based experience about the agency, the challenges and assets of the population with whom you will be working, about yourself, and about the community?

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Service Objectives

Identify and describe the nature of the off-campus activities in which you will be engaged. The service objectives should be designed to assist your understanding of the learning objectives for this course.

I have reviewed and approve the Student Service Learning Agreement set forth above.

Student Signature: _____ Date: _____

Site Supervisor Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

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Participation Guidelines

I will devote _____ hours per week towards completion of the objectives listed in my service learning agreement for a total of _____ hours, effective beginning on _____ and ending on _____ ("service learning"). I agree to complete any paperwork and orientations required by my professor or site supervisor as part of this service learning activity.

1. I understand and acknowledge that there are potential risks associated with this service learning, some of which may arise from
 - a. my assigned tasks and responsibilities,
 - b. the location of the service learning,
 - c. the physical characteristics of the service learning site
 - d. the amount and type of criminal activity or hazardous materials at or near the location of the service learning,
 - e. any travel associated with the service learning,
 - f. the time of day when I will be present at the service learning site,
 - g. the criminal, mental and social backgrounds of the individuals I will be working with observing, and
 - h. the amount of supervision I will receive.

I further understand and acknowledge that my safety and well-being are primarily dependent upon my acting responsibly to protect myself from personal injury, bodily injury or property damage.

2. Being aware of the risks inherent in this service learning, I nonetheless voluntarily choose to participate in this service learning. I understand that I may stop participating if I believe the risks become too great.
3. While participating in this service learning experience, I **will**
 - a. exhibit professional, ethical and appropriate behavior;
 - b. abide by the service learning site's rules and standards of conduct, including wearing any required personal protective equipment;
 - c. participate in all required training;
 - d. complete all assigned tasks and responsibilities in a timely and efficient manner;
 - e. request assistance if I am unsure how to respond to a difficult or uncomfortable situation;
 - f. be punctual and notify the service learning site if I believe I will be late or absent; and
 - g. respect the privacy of the service learning site's clients.
4. While participating in this service learning, I **will not**
 - a. report to the service learning site under the influence of drugs or alcohol;
 - b. give or loan money or other personal belongings to a client;
 - c. make promises to a client I cannot keep;
 - d. give a client or representative a ride in my personal vehicle;
 - e. engage in behavior that might be perceived as harassment of a client or service learning site representative;

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- f. engage in behavior that might be perceived as discriminating against an individual on the basis of their age, race, gender, sexual orientation, mental capacity, or ethnicity; engage in any type of business with clients during the term of my placement;
 - g. disclose without permission the service learning site's proprietary information, records or confidential information concerning its clients; or
 - h. enter into personal relationships with a client or service learning site representative during the term of my placement. I understand that the service learning site may dismiss me if I engage in any of these behaviors.
5. I agree to contact the University's Office of Service Learning at (209) 667-3311 and/or my course faculty member if I believe I have been discriminated against, harassed, or injured while engaged in this service learning.
6. I understand and acknowledge that neither the University nor the service learning site assumes any financial responsibility in the event I am injured or become ill as a result of my participating in this service learning. I understand that I am personally responsible for paying any costs I may incur for the treatment of any such injury or illness. I acknowledge that the University recommends that I carry health insurance.
7. Agrees to act in a responsible manner while representing California State University at the service learning placement site, and abide by all rules and regulations that govern the site in which he/she has been placed.

The agency may be in a neighborhood that is known to have gang activity. Therefore, you should not schedule a meeting time at the agency that extends beyond sunset.

Student Signature: _____ **Date:** _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____
(Required if student is under the age of 18)

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Fingerprints (If applicable): Students must be fingerprinted at the University Public Safety Office before entering any k-12 school or may be required by other agency sites. Obtaining fingerprints through the University Public Safety office is valid for five years. Therefore, if you have not been fingerprinted on campus within the past five years, you need get your prints done as soon as possible. Once your fingerprints have been taken, it can take up to 10 days to get the results.

Public Safety Fingerprinting Hours:

Monday – Friday: 8:00 am to 4:30 pm

Please Note: If you are unable to meet the Livescan clearance requirement for this class, you may not be able to complete this course, if this activity is a course requirement.

Tuberculosis (TB) Test (If applicable): Students must also obtain a TB test before working with k-12 students. You will need to go to the University Health Center. This test is free of charge. Students **MUST** return at least 48 hours and not later than 72 hours after the test is placed for reading, to avoid having to retake the test. TB tests are good for three years.

Health Center Hours for TB Testing:

Monday & Tuesday: 8:15 am to 11:45 am and 1:15 pm to 4:30 pm

Wednesday: 9:45 am to 11:45 am and 1:15 pm to 4:30 pm

Friday: 8:15 am to 11:45 am and 1:15 pm to 4:30 pm

Please Note: There is no testing done on Thursdays.

CALIFORNIA STATE UNIVERSITY, STANISLAUS: GENERAL ACTIVITY
RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK
AND AGREEMENT TO PAY CLAIMS

Activity: As a student in (class) _____, I agree to engage in activities related to
(describe activity) _____

Activity Date(s) and Time(s): _____

Activity Location/Facility: _____

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs, and representatives, I **release from liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, California State University, Stanislaus, and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic loss or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from, participation in this Activity, which includes but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel, and dancing; or the condition of the Activity location(s) or facilities. **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, which may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant's Name

Date

Participant's Signature

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AND AGREEMENT TO PAY CLAIMS

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue the University on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's Parent/Guardian

Date

Name of Minor Participant's Parent/Guardian (print)

Date

Minor Participant's Name