

Service-Learning Agreement

Contact:



VCU

VIRGINIA COMMONWEALTH UNIVERSITY

Community Engagement | Service-Learning

Student name:					
Student V number:					
Address:					
Telephone (home):		Telephone (cell):			
Date of birth:		Please check one:	Male	Female	
E-mail address:					
Course number:		Section number:		Instructor name:	
Course number:		Section number:		Instructor name:	
Course number:		Section number:		Instructor name:	

Placement Confirmation

<p>Required number of hours:</p> <p>Name and address of agency:</p> <p>Describe the service-learning assignment and student responsibilities:</p>

Required Approval Signatures

Agency supervisor		Date	
1. Instructor		Date	
2. Instructor		Date	
3. Instructor		Date	

I, _____ (name of student), hereby acknowledge that I am enrolled in _____ (course name and number), which is a service-learning course at Virginia Commonwealth University. I understand that as a requirement of this course, I must travel to and from my assigned agency. I further understand and agree that Virginia Commonwealth University is neither responsible nor liable for any injury, damage or loss incurred while traveling to or from the agency, or while at the agency, and that I am solely responsible for my actions, inactions, and/or behavior while participating in this course, and agree to and shall save and hold harmless Virginia Commonwealth University, its Board of Trustees, faculty, staff, agents, and employees from any claims, actions or judgments including the expenditure of attorney's fees and costs arising from my actions or inactions during my participation in this course.

I certify that I have no physical condition or disability that I have not disclosed which might affect my participation in this course. Should I develop a condition or injury, which limits my participation in the course, I will immediately notify the course instructor and provide medical documentation as required.

Additionally, with my signature below, I acknowledge my permission for any quotation of my comments, video, or still photography made with my image and any sound recording of my voice to be applied to a variety of uses by Virginia Commonwealth University parties, cable casting, broadcasting and/or other forms of electric transmission. I hereby give permission for the use of the media described above and I release Virginia Commonwealth University, its Board of Trustees, faculty, staff, agents and employees of and from any claims (monetary or otherwise) that I may have related to the use of said media.

Student declares and also agrees to the following:

1. I will comply with agency policies, standards and regulations and serve in a professional manner with respect for others, especially with regard to **confidentiality**. I understand that all activities, in which I am involved as a service-learner, are strictly confidential. I will not release any type of personal information concerning clients of the agency listed above, without written authorization from appropriate persons.
2. I will complete the service assignment I have made a commitment to and will be on time or call the agency if I cannot attend due to illness or emergency.
3. I will contact the **VCU Service-Learning Program** (lepelco@vcu.edu, 804-827-8215) if I have concerns, difficulties and/or feedback about this agency or placement.

I hereby affirm that I have read and understand the terms and conditions of this Liability Waiver and Release Form and agree to accept the terms and conditions. I further agree and acknowledge that I will abide by all responsibilities as outlined in this document.

Student signature _____

Date _____

Parent or guardian signature _____

Date _____

This service-learning contract is not a required component of all VCU service-learning courses. This contract may be adapted and used at the discretion of the service-learning course instructor.