



SERVICE-LEARNING AGREEMENTS

(Student: please fill out the entire form and retrieve all required signatures before submitting to the SERVE Center)

Project Facilitator/Student Personal Information

Name: _____ Email: _____ Phone: _____

Year in School: _____

Site (organization/agency): _____

Starting Date: _____ Projected Ending Date: _____ Projected Total Hours Service: _____

Project Facilitator/Student Agreement: In my service-learning commitment to the above named organization I agree to:

- a) Provide the academic rationale for the project by demonstrating how the project accomplishes a learning objective(s) outlined by an Academic Department or the University
- b) Be responsible to remind students of the requirements they must fulfill in order to receive credit for the project, and that I am to aid in the facilitation of the project by working with the campus SERVE Center
- c) Acknowledge that there is inherent risk in sending Truman State University students out into the community to perform service-learning project activities. While many situations may be out of my control as Project Facilitator - and for which I do not take responsibility -, I commit to being mindful of potentially hazardous situations and recognize the importance of my advisory role in ensuring that the students have a safe and positive experience to the best of my ability.
- d) Attend an orientation or training, and serve my scheduled hours, as agreed upon with my site supervisor
- e) Contact my site if I am unable to make my normal scheduled hours
- f) Act in a professional manner, serving as a member of Truman State University and the community
- g) Notify my site supervisor if there are any problems I am having at my site
- h) Complete all required paperwork and assignments related to this service-learning project including:
 - a. Project Facilitator/ Student Agreement, Advisor Agreement, and Site Supervisor Agreement
 - b. Project Proposal
 - c. Pre & Post Surveys (online)
 - d. Project Review
 - e. Attendance at a STAR Reflection Session

Acceptance of Responsibility

My signature indicates that I have read the information above, that I understand the commitment and role of a Service-Learning Project Facilitator, and that I agree to accept the position as a Service-Learning Project Facilitator for the duration of the _____ (academic semester or year) academic term.

This agreement is in force on _____, 20____, by _____.
(Print or type your name)

Project Facilitator/ Student Signature



Student Organization Information (if SLA Project is being completed through the organization)

Student Organization Name: _____

Student Organization Leader (President, etc): _____

Faculty/Staff Advisor: _____

Advisor Email: _____

Community Partner Information

Site (Organization/Agency Name): _____

Supervisor Name: _____ Email: _____ Phone: _____

Site Supervisor Agreement: As a community partner of Truman State University, I agree to:

- a) Provide the normal training and supervision provided for any volunteer service
- b) Place students in service work that is complementary to their learning objectives
- c) Support the Project Facilitator and to aid in the facilitation of the project by working with Truman State University’s SERVE Center
- d) Be available to discuss problems and communicate agency information
- e) Keep in contact with SERVE Center staff and provide feedback on student performance
- f) Acknowledge that there is inherent risk in sending Truman State University students out into the community to perform service-learning project activities - and for which I do not take responsibility -, I commit to being mindful of potentially hazardous situations and recognize the importance of my role in ensuring that the students have a safe and positive experience to the best of my ability
- g) Accept the responsibility to support the Project Facilitator in the documentation process as it pertains to our community agency and acknowledge that additional documentation materials may be requested of us including, but not limited to, photographs, news articles, press releases, and publication materials relating the project.

Acceptance of Responsibility

My signature indicates that I have read the information above, that I understand the commitment and role of a Service-Learning Community Agency Partner, and that I agree to accept the position as a Service-Learning Community Agency Partner for the duration of the _____ (academic semester or year) academic term.

This agreement is in force on _____, 20__, by _____.
(Print or type your name)

Project Facilitator/ Student Signature



Faculty/Staff Advisor Information

Name _____

E-mail _____

Phone _____

Faculty/Staff Advisor Agreement: As a faculty/staff member of Truman State University, I agree to:

- a) Provide guidance to help students relate service work with learning objectives
- b) Communicate with students regarding service work on an on-going basis
- c) Support the Project Facilitator and to aid in the facilitation of the project by working with Truman State University’s SERVE Center
- d) Accept the responsibility to support the Project Facilitator in the documentation process and acknowledge that additional documentation materials may be requested of us including, but not limited to, photographs, news articles, press releases, and publication materials relating the project.
- e) Keep in contact with the SERVE Center staff to discuss any problems or issues
- f) Acknowledge that there is inherent risk in sending Truman State University students out into the community to perform service-learning project activities. While many situations may be out of my control as Faculty/Staff Advisor - and for which I do not take responsibility -, I commit to being mindful of potentially hazardous situations and recognize the importance of my advisory role in ensuring that my students have a safe and positive experience to the best of my ability

Acceptance of Responsibility

My signature indicates that I have read the information above, that I understand the commitment and role of a Service-Learning Faculty/Staff Advisor, and that I agree to accept the position as a Service-Learning Faculty/Staff Advisor for the duration of the _____ (academic semester or year) academic term.

This agreement is in force on _____, 20__, by _____.
(Print or type your name)

TSU Faculty/Staff Advisor Signature

