

# EVC CENTER FOR SERVICE-LEARNING & PUBLIC SERVICE

## SERVICE AGREEMENT

### COMMUNITY SERVICE-LEARNING

#### STUDENT INFORMATION *(To be filled out by student)*

Name _____	Student ID # _____
Address _____	Semester/Year _____
City _____ State _____ Zip _____	Course & Section # _____
Phone (Mobile) _____	REG ID # _____
Phone (Home) _____	Instructor _____
Email _____	Days/Time _____

Describe how this service connects with your course:

I acknowledge that I am representing EVC at my service site and agree that I will:

- Demonstrate professional communication skills and behavior
- Show up on the days that I am assigned
- Report immediately any problems to my site supervisor, professor and EVC Center for Service-Learning & Public Service

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

#### COMMUNITY PARTNER *(To be filled out by agency representative)*

Agency Name _____	Supervisor's Name _____
Address _____	Title _____
City _____	Phone _____
State _____ Zip _____	Email _____

Student's Responsibilities: \_\_\_\_\_

Dates of Service Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

I agree to accept the student named above and provide adequate orientation and supervision at our organization.

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_