

EVC CENTER FOR SERVICE-LEARNING & PUBLIC SERVICE

SERVICE AGREEMENT

PUBLIC SERVICE

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

Name _____ Student ID # _____
Address _____
City _____ State _____ Zip _____ Semester/Year _____
Phone (Mobile) _____
(Home) _____
Email _____

Describe how this service relates to your major/career interest:

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 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 _____