



Student Service Learning Agreement

Student's Name (Please Print) Student's ID number

Student's Address Home Phone

City, State, Zip Other Phone

Email Address

Academic Period: Year _____ Fall _____ Spring _____ Summer Session _____

Course Name of Faculty Teaching class

Emergency Contact Person Telephone

Community Partner (Agency or Organization) Telephone

Community Partner Supervisor's Name Telephone (if different)

Student Agreement

As a student committed to a service-learning component in my education, I agree to complete the required time in fulfillment of the service-learning component during the current academic semester.

Blinn College has my permission to use all or any part of my statement and/or my image (photograph) related to my experience in service learning activities in any advertisement (printed and/or electronic) and any publication promoting the college and/or its programs. (If no, check here _____)

Assumption of Risk Statement:

_____ 18 years of age or over _____ under 18 years of age

I, the undersigned, being 18 years of age or older, or in the capacity of a parent or legal guardian for the student identified above, do hereby acknowledge that there may be risks of physical harm and injury inherent in service activities including, but not limited to: working with people, participating in community activities, cleaning and maintenance projects, serving in public schools or other community institutions, and other service activities, and in transportation to and from service work sites. As partial consideration of being allowed to participate in this activity with Blinn College, I hereby assume all risks involved in the service activities, acknowledge that workers compensation benefits are not extended to me in my capacity as server/volunteer, and hold Blinn College, its employees, officers, and Board of Trustees harmless.

I understand and acknowledge that the College is not affiliated with, nor does it have a right of control over the operations of, the Agency. The College's sole role is to facilitate placement of willing student enrollees with agencies who are willing to provide service learning opportunities. The College is not responsible for any errors, omissions, or negligence on the part of the Agency, its employees, directors, volunteers or Affiliates. I am further advised that the Agency may not maintain sufficient liability coverage to compensate an individual student for any harm experienced during the course of service at the Agency.

If you have questions about the existence or sufficiency of liability insurance coverage at your proposed service placement, please contact the specific agency directly. Any Student who objects to assignment to a service agency which the Student deems to possess insufficient insurance coverage may request assignment to a different agency, subject to available placement openings.

Legal guardian: I specifically grant this waiver of claims for myself and/or on behalf of my ward identified above and will hold harmless such institutions and individuals from any claims.

Important: In order to protect the persons working or residing at the community partner site, particularly if it is a school, nursing home or medical facility, I will refrain from attending the site if I am ill.

Check one: _____ student _____ parent _____ legal guardian

Name (please print)

Signature

Date

College Representative

Joyce Langenegger

Executive Director of Academic Success

Date

Note: Either a fully executed electronic or physical version of this form must be on file prior to the commencement of the service learning project.

(Optional Demographic Information in order to track program diversity.)

I identify as (mark all that apply:) _____ Asian _____ Black/African Heritage _____ Black/African-American
_____ Latino/Hispanic _____ Caucasian/Anglo _____ International _____ other: _____

Age: under 18 _____
 18 – 25 _____
 25 – 35 _____
 35 & older _____

Major: _____
(If uncertain, please indicate)

Year: 1st year _____
 2nd year _____
 3rd year _____
 4th year _____
 Other _____

Gender: Male _____
 Female _____