

Student/Agency Placement Agreement

Semester _____ Year _____

Mary Ann **Shaw Center** for Public and Community Service

111 Waverly Ave. Suite 102 Ph: 315 443-3051 Fax: 315 443-3365

Service Learning Course# _____ Instructor _____

Name: _____ Email: _____

Phone: _____ Major: _____

Year of Graduation: _____

I have read and/or completed the following tasks associated with the start of my service learning experience.

read the Shaw Center Guide to Community Based Service Learning

understand what is expected of me as part of this experience (see back)

understand my role at the organization in which I am volunteering (if not, ask!)

understand that information regarding this experience is confidential and I need permission from my site supervisor to share information about the staff, clients, and agency as a whole outside of classroom discussions and/or assignments (including, but not limited to photographs, magazines, newspapers, web pages, email, facebook, twitter)

understand I must conduct myself in a professional and courteous manner (i.e. especially limiting use of cell phones to emergencies, dressing appropriately)

If applicable, I have completed the following required intake procedures before beginning my placement.

Volunteer Application _____ Background Check _____ PPD/TB _____ Fingerprinting _____ Other _____

Beginning on ___/___/___ my placement schedule at _____ will be:

Agency Name

M: _____ T: _____ W: _____ Th: _____ F: _____ Sat: _____ Sun: _____

My responsibilities will be: _____

My supervisor is: _____ Email: _____

The above schedule has been negotiated and both student and site staff are satisfied with the arrangements. Both students and site supervisors will be asked to complete a brief evaluation at the conclusion of the semester. These evaluations inform faculty/Shaw Center staff about the individual partnerships, overall student/agency experience as well as provide valuable programmatic feedback.

Student Signature

Date

Site Supervisor Signature

Date