

College of St. Benedict/St. John's University
Department of Service-Learning

Information Form and Contract of Agreement

Student Information (please print)

Name _____

CSB/SJU (Please Circle One) Box # _____

School Phone _____

Email Address _____

Course Title _____

Instructor _____

Required Contacts or Hours _____

Placement Information

Please rank the top three community partners you are willing to partner with for the semester:

1. _____

2. _____

3. _____

Days and Hours Available (to be used in assigning placement)

Day 1 _____ Day 2 _____ Day 3 _____ Day 4 _____

Day 5 _____ Day 6 _____ Saturday _____ Sunday _____

Do you have transportation? Yes _____ No _____

If yes, are you willing to carpool? Yes _____ No _____

By signing below, I understand and agree to fulfill a commitment with a local community partner for the Fall/Spring Semester (circle one) of the 2005-2006 academic year. I understand and agree to fulfill all expectations of the organization and my service learning project including all necessary paperwork, documenting contacts/hours, committing to a consistent, semester-long project, and engaging in activities that enhance the mission of the organization and the quality of life of the people it serves.

Signed _____ **Date** _____