

Service-Learning Program
Information Form and Contract of Agreement

Student Information

Name _____
Cell Phone _____
Email Address _____
Year in School _____
Intended Major _____
Intended Minor _____

Course Title _____
Instructor _____
Minimum Service Hours _____

CSB Student SJU Student (Circle One)

- The above information will be shared with other students in your course as well as your community site.

Site Selection Information

Please indicate the top three community partners you are interested in partnering with for the semester:

1. _____
2. _____
3. _____

Schedule Details:

Class Schedule:

M,W,F: _____

T, TH: _____

Night Classes: _____

Work Schedule (If applicable): _____

Do you have Transportation? Yes _____ No _____

Learning Goals

Using your syllabus, recommendations from your professor, and your own personal learning goals and objectives, please write two personal and/or professional learning goals that you would like to achieve with this project.

1. Students will demonstrate the ability to integrate and apply knowledge and skills gained from this course (and possibly previous courses) through their service-learning projects
2. Students will demonstrate specific ways (including written reflection) in which the service-learning project deepens their understanding of the knowledge and skills gained through traditional course work.

3. _____

4. _____

Name (please print) _____

Signature _____ Date: _____

****Please read and sign the back of this form!***

RELEASE AND WAIVER OF LIABILITY

I understand that the community service work required for this class of the College of Saint Benedict/ Saint John's University is a "hands-on" service educational opportunity. I agree to engage in activities related to visiting one of the sites. Therefore, I agree:

1) **Waiver and Release.** I hereby release and forever discharge and hold harmless the College of Saint Benedict/Saint John's University, volunteer coordinators, class professors and other successors and assigns from any and all liability, claims, and demands of whatever kind or nature either in law or in equity, which arise or may hereafter arise from my volunteer work experience.

I understand and acknowledge that Service-Learning is an at-will program and that this Release discharges the College of Saint Benedict/ Saint John's University from any liability or claim that I may have against the College of Saint Benedict/ Saint John's University with respect to any bodily injury, personal injury, illness, death or property damage that may result from volunteer work, whether caused by the negligence of the College of Saint Benedict/ Saint John's University, service coordinators, or otherwise. I also understand that, except as otherwise agreed in writing, the College of Saint Benedict/ Saint John's University does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury or illness.

2.) **Medical Treatment.** Except as otherwise agreed by, I release the College of Saint Benedict/ Saint John's University from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with my work on a service project or requirement.

3.) **Assumption of the Risk.** I understand that service-learning may include activities that may be hazardous to myself including, but not limited to, construction, loading and unloading and transportation to and from sites. In connection thereto, I recognize and understand that the activities may in some situations, involve inherently dangerous activities. I hereby express and specifically assume the risk of injury, illness, death, or property damage resulting from the activities as a volunteer fulfilling service requirements.

4.) **Insurance.** I understand that, except as otherwise agreed by the College of Saint Benedict/ Saint John's University in writing, the College of Saint Benedict/ Saint John's University does not carry or maintain health, medical, or disability insurance coverage for any participant. I am expected and encouraged to obtain my own medical or health insurance coverage.

5.) **Reporting Requirements.** I understand that I am required to report any suspicion of abuse/neglect to the site supervisor immediately and that I am also required to report this information to Angie Schmidt Whitney. I also understand that I may be subject to privacy laws, including HIPAA, that prevent me from sharing certain medical information.

6.) **Other.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State that my service-learning experience may be in as well as the expectations and policies of the College of Saint Benedict/ Saint John's University.

By signing below, I understand and agree to fulfill a commitment with a community partner for the Fall/Spring Semester (circle one) of the 2018-2019 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, acting in a professional and courteous manner and engaging in activities that enhance the mission of the organization and the quality of life of the people it serves.

Name (please print) _____

Signature _____ Date: _____