

Student Service Learning Plan

Student Name: _____ Student ID#: _____

Address: _____

Phone # _____ Email: _____

Course Instructor: _____ Quarter: _____

Agency/Site: _____ Phone #: _____

Site Supervisor: _____ Phone #: _____

Address: _____

Approximate # of Hours _____ Start Date: _____ End Date: _____

Learning Objectives: Identify what you hope to learn from this service experience about each of the following: the agency, the challenges and assets of the population with whom you will be working, yourself, your community. How do you expect what you learn through this experience to relate to your course work?

Service Objectives: Briefly identify the service activities you will engage in that will help you achieve your learning objectives.

The Site Supervisor:

Agrees to guide this student's work and to submit a brief final evaluation of his/her achievement upon request.

Agrees to discuss any concerns about the service learner's performance with him/her directly, and with the course supervisor if necessary.

Site Supervisor Signature: _____ Date: _____

Faculty/Course Supervisor:

I have examined and approved _____'s learning plan.

Faculty/Course Supervisor Signature: _____ Date: _____

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The Student agrees to abide by the following Guidelines and Limitations

Guidelines

- ◆ **Ask for help when in doubt:** Your site supervisor understands the issues at your site and you are encouraged to approach him/her with problems or questions as they arise. He/She can assist you in determining the best way to respond to difficult or uncomfortable situations. Feel free to contact your professor or the service learning office with questions concerning your placement.
- ◆ **Be punctual and responsible:** Although you are volunteering your time, you are participating in the organization as a reliable, trustworthy and contributing member of the team. Both the administrators and the individuals you serve rely on your punctuality and commitment to completing your service hours/project throughout your partnership.
- ◆ **Call if you anticipate being late or absent:** Call the site supervisor if you are unable to come in or if you anticipate being late. Be mindful of your commitment, people are counting on you.
- ◆ **Respect the privacy of all clients:** If you are privy to confidential information with regard to the persons with whom you are working (i.e. organizational files, diagnostics, personal stories, etc.), it is vital that you treat it as privileged information. You should use pseudonyms in your course assignments if you are referring to clients or the people you work with at the service site.
- ◆ **Show respect for the community-based organization you work for:** Placement within community programs is an educational opportunity and a privilege. Keep in mind, not only are you serving the community, but the community is serving you by investing valuable resources in your learning.
- ◆ **Be appropriate:** You are in a work situation and are expected to treat your supervisor and others with professional courtesy and kindness. Dress comfortably, neatly and appropriately. Use formal names unless instructed otherwise. Set a positive standard for other students to follow as part of CSU's ongoing Service Learning Program.
- ◆ **Be flexible:** The level or intensity of activity at a service site is not always predictable. Your flexibility to changing situations can assist the partnership in working smoothly and producing positive outcomes for everyone involved.

Limitations

- ◆ DON'T report to your service site under the influence of drugs or alcohol.
- ◆ DON'T give or loan a client, money or other personal belongings.
- ◆ DON'T make promises or commitments to a client you cannot keep.
- ◆ DON'T give a client or agency representative a ride in a personal vehicle.
- ◆ DON'T tolerate verbal exchanges of a sexual nature or engage in behavior that might be perceived as sexual with a client or community organization representative.
- ◆ DON'T tolerate verbal exchanges or engage in behavior that might be perceived as discriminating against an individual on the basis of their age, race, gender, sexual orientation, ability, or ethnicity.
- ◆ DON'T engage in any type of business with clients during the term of your service.
- ◆ DON'T enter into personal relationships with a client or community partner representative during the term of your service.

* If you feel that your rights have been or may be violated, or that any of the above stated limitations have been violated please contact the EPIC Office at (323) 343-3380 and your instructor.

Student Service Learning Plan
INDIVIDUAL GENERAL RELEASE

This document (the "Release") is executed by (Print Student's Name):

In executing this Release, I certify that I am either fully competent to sign this Release or that I have secured written consent to this Release from an appropriate parent, legal guardian, or conservator, and have attached it to this Release.

1. I request permission to participate in the following activity (the "Activity", denote course # and faculty name):

The Activity will be held on the date(s) of _____, at the following location(s):

2. In consideration of being permitted to participate in the Activity, I do release, waive, and forever discharge the State of California, the California State University, the Board of Trustees of the California State University, California State University, Los Angeles, and the officers, agents, and employees of each of them (collectively, the "Releasees"), from and against liability for any harm, injury, loss, damage, claim, demand, action, cause of action, cost, fee, and/or expense of any nature accrued by me, regardless of cause, arising from or as a result of my participation in the Activity. I agree to act in a responsible manner while representing CSULA at the service learning placement site, and shall abide by all rules and regulations of the site. I fully understand the connection between the service-learning course, the service, and the learning objectives to be fulfilled at the service site.

It is my express intent that this Release shall bind members of my family and my personal representatives, estate, heirs, assigns, and successors in interest.

3. I have signed this Release in full recognition and appreciation of the dangers, hazards, and risks (collectively, the "risks") generally associated with the Activity, which include the possibility of serious or fatal injury and property damage. In addition, I have been specifically informed of the following risks:

I understand that Releasees may not have medical personnel available during the Activity. I grant permission to Releasees to authorize emergency medical treatment, if necessary.

4. In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the Release by reading it prior to signing it, that I understand what it means, and that I sign the Release of my own free will. I acknowledge that no representations, promises, statements, or inducements have been made to me that are not reflected in the terms of this Release. In signing this Release, I represent that there are no health-related reasons or conditions which preclude or restrict my participation in the Activity.

5. I agree that this Release shall be construed in accordance with the laws of the State of California and that if any term or provision of this Release shall be deemed unenforceable or non-binding, the validity of the remaining provisions shall not be affected thereby.

Signature

Date Signed

California State University, Los Angeles

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INDIVIDUAL GENERAL RELEASE

**APPROVAL OF PARENT, LEGAL GUARDIAN, OR CONSERVATOR
(FIELD TRIP/OFF-CAMPUS ACTIVITY/TRANSPORTATION)**

This document (the "Approval") is executed by:

In executing this Approval, I certify that I am the (check one):

Parent Legal Guardian Conservator

of _____ (the "Participant").

1. I have fully read the contents of the "General Release (Field Trip/Off-Campus Activity/Transportation)" form (the "Release") signed by the Participant, which identifies the activity of:

I am aware that this activity will occur on the date(s) of _____, at the following location(s):

2. Having informed myself of the time, place, and nature of the above-described activity and the waivers and releases contained in the Release, I hereby give my consent to the participation in the activity by the Participant. In giving this consent I agree to all of the terms contained in the Release and agree to be fully bound by the terms thereof, in consideration for the inclusion of the Participant in that activity.

Signature

Date Signed