

BOARD OF TRUSTEES OF COMMUNITY COLLEGE DISTRICT NO. 508
dba CITY COLLEGES OF CHICAGO
SERVICE LEARNING AGREEMENT AND RELEASE
 (page 1 of 2)

Student Name (print)	College
Student Cell Number	Student E-Mail
Course	Instructor
Host Entity	Site Supervisor
Site Supervisor Telephone	Site Supervisor E-mail
Host Entity Address	City, State, Zip Code

PARTICIPANT RESPONSIBILITIES

I, (print name) _____, the "PARTICIPANT", realize that by choosing to engage in a Service Learning component of _____ (course) at _____ College, one of the member institutions of Board of Trustees of Community College District No. 508 dba City Colleges of Chicago, hereinafter referred to as "DISTRICT" and as a volunteer with _____ (Host Entity), I will act responsibly and agree to the following conditions of this commitment:

1. To be punctual and conscientious in my attendance for the time of my volunteer activity. I will notify my supervisor in advance if I am unable to participate as scheduled;
2. To consider as confidential all information concerning other people, clients, employees, and agencies/ organizations;
3. To make my work the highest quality and accept supervision graciously;
4. To conduct myself with dignity, courtesy, and consideration;
5. To notify the Campus Director of Service Learning and my course instructor of any problems, emergencies, safety hazards, concerns, or suggestions regarding my activities;
6. To complete all assignments stated in the course syllabus relating to my Service Learning activity in partial fulfillment of my academic commitments;
7. To arrange my own transportation to and from this activity unless other arrangements can be made with the DISTRICT.
8. To wear appropriate safety equipment as may be recommended by the Host Entity.
9. To participate in a performance evaluation process measuring willingness to learn, adaptation to the work environment, acceptance of constructive criticism, general attitude and eagerness to perform service.

PARTICIPANT WAIVER OF LIABILITY AND RELEASE

I, (print name) _____, the PARTICIPANT, agree to participate in the above referenced Service Learning activity, hereinafter referred to as "ACTIVITY". In consideration for my participation in the ACTIVITY, I hereby voluntarily assume all risk of accident, injury or damage to person or property, and hereby release, acquit, and forever discharge the Board of Trustees of Community College District No. 508, County of Cook, and State of Illinois, and its employees, directors, agents and assigns from any and all claims, injuries, costs, losses, damages, suits, liabilities, and/or judgments, which may in any way result or arise from my participation in the ACTIVITY, unless it shall be determined that the act was caused through negligence or omission of the Board, its officers, employees or agents, or any of its subcontractors or its employees.

I am aware that there are risks and dangers associated with my participation in community service projects, including the risk of property damage, personal injury or death. I acknowledge that my participation in service project (s) referred to me by the DISTRICT is voluntary and that I assume full responsibility for any injuries or damages I may sustain as a result of my participation, including while traveling to or from a service project.

I assert that I am in good health and have no physical conditions that may affect my ability to participate in the Service Learning activity. I understand that I am solely responsible for any medical costs I may incur as a result of my participation in service project(s) referred to me by the DISTRICT.

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PARTICIPANT SIGNATURE OF AGREEMENT AND RELEASE WAIVER

I acknowledge that I have read this document, fully understand the terms of this Agreement, Waiver and Release and I freely and voluntarily execute this document without any undue influence or coercion. I agree to adhere to the terms and expectations of this Service Learning Agreement. I also certify that I am at least 18 years of age.

Name	Signature	Date
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HOST ENTITY RESPONSIBILITIES

The Host Entity and its designated supervisor understand and agree to the follow:

1. To orient the PARTICIPANT to the overall operation of the Host Entity and its role in addressing social issues and needs;
2. To designate a qualified person to supervise the PARTICIPANT'S time, activities, and evaluation;
3. To introduce the PARTICIPANT to appropriate staff and orient the PARTICIPANT as to tasks and roles;
4. The PARTICIPANT'S tasks and roles are to include:

5. To provide adequate initial direction to the PARTICIPANT so that he or she feels comfortable with the assignment and can proceed with appropriate independence;
6. To contact the Campus Director of Service Learning and the Course Instructor should a problem arise with the PARTICIPANT'S volunteer performance;
7. To conduct a performance evaluation process measuring willingness to learn, adaptation to the work environment, acceptance of constructive criticism, general attitude and eagerness to perform service.
8. To assist the Course Instructor in assessing PARTICIPANT Service Learning performance by completing an evaluation form supplied by the Instructor.
9. Specific days and hours of participation:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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HOST ENTITY SIGNATURE OF AGREEMENT AND RELEASE WAIVER

I assert I am a duly authorized signatory of the Host Entity recited below. On behalf of the Host Entity, I agree to fully hold harmless the Board of Trustees of Community College District No. 508 dba City Colleges of Chicago, its Board, its officers, employees and agents whatsoever as a result the above described Service Learning activity. I agree to adhere to the terms and expectations of this Service Learning Agreement.

Host Entity	Authorized Signature	Date
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PARTICIPANT INSURANCE DATA

College	Contact	Telephone
Carrier	Policy #	Effective Date

EMERGENCY CONTACT INFORMATION

Name	Relationship	Telephone
Name	Relationship	Telephone