FORMS
Agency Information Form

Agency: ____________________________________________________________

Volunteer Coordinator's Name: _______________________________________

Phone: ___________________ Fax: ________________________________

E-mail: ___________________ Website: ______________________________

Address:
________________________________________________________________
________________________________________________________________

Please describe in detail the clientele served as well as the services offered by your agency:
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Please list and describe the projects or tasks that can best be accomplished by college students:
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
LETTER OF UNDERSTANDING

FOR PLACEMENT OF UC SERVICE LEARNING STUDENTS

Dear Agency Supervisor:

On behalf of the UC Service Learning Program, we would like to thank you for entering into a partnership with us to provide richer educational opportunities for our students. By accepting and supervising our service learners, you are helping these students join classroom theory with real-life experience. Ultimately you are also contributing to education's mission of promoting civic responsibility.

As an agency supervising UC students involved in a service learning project, you agree to provide the UC Service Learning Office with the following:

- Current proof of not-for-profit status
- Current proof of liability insurance to cover students serving at your agency
- Copy of state license if you are a child care or elderly care provider

You agree that while fulfilling service learning hours, students will not:

- Be left unsupervised with minors
- Transport any persons
- Meet in private residences without an agency representative present

You agree to ensure that our service learning students are provided with:

- Orientation prior to beginning their service learning hours
- Training and supervision with regard to agency policies and procedures including health and safety information
- A clear description of the skills and assigned service learning work including expectations, responsibilities, and requirements
- A safe and appropriate working environment

UC will ensure that your agency is provided with the following:

- Consultation for identifying appropriate tasks for students.
- Orientation for agency supervisors and representatives regarding student needs and capabilities.
- Ongoing follow-up and support regarding student development issues.
- Evaluation

If you wish to become a partner in education with UC and agree to the listed provisions, please complete the agency information below and return it to Signing gives permission for agency listings in published UC service learning information.

Name of Agency: ________________________________
Address: __________________________________________

Contact Person: ____________________________ Phone: _______________________
Signature: ________________________________ Date: _______________________


Service Learning Plan and Contract
University of Cincinnati

Student’s last name: ___________________________ First name: ___________________________
Phone number: ___________________________ Cell phone number: ___________________________
E-mail address: ___________________________
Best time to be contacted: ___________________________
Local address: ___________________________
City: ___________________________ State: _____ Zip: ___________________________

Professor’s Name: ___________________________
Course title and number: ___________________________ Quarter/year: _____________
Professor’s signature: ___________________________

Agency/school name: ___________________________
Agency address: ___________________________

Supervisor’s name at placement site: ___________________________
Phone number: ___________________________ Cell phone number: ___________________________
Best time to contact: ___________________________
E-mail address: ___________________________
Supervisor’s signature: ___________________________

Supervisor’s alternate to be contacted: ___________________________
Phone number: ___________________________
E-mail: ___________________________

Service start date: ___________________________ Service end date: ___________________________
Days/hours of service: ___________________________ Hours per week: ___________________________

Description of Service: ___________________________
_________________________
_________________________

Learning Objectives: How will you connect the course’s subject content with the service goals?
_________________________
_________________________
_________________________

Evaluation: (what evidence will you provide your professor to document achievement of these objectives (e.g., report, annotated bibliography of research, summary of research, reflective journals, oral histories, etc.)?
_________________________
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<th>Time In</th>
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Total Hours: ____________________

My signature affirms the documented total hours and the successful completion of service. Comments may be recorded on back. Additional evaluation or letters are invited.

Student: ________________________  Supervisor: ____________________