SERVICE LEARNING STUDENT CONTRACT TEMPLATE

Course Name________________________________________________________

Course Number_____________________________________________________

Section Number_____________________________________________________

Academic Term_____________________________________________________

Name of Student (print): _____________________________________________

Phone Number (Cell preferred)_______________________________________

Email_____________________________________________________________

Name of Faculty Member___________________________________________

Phone Number_____________________________________________________

Email_____________________________________________________________

Community Organization_____________________________________________

Address (where project will take place)________________________________

Community Organization Supervisor___________________________________

Phone Number_____________________________________________________

Email_____________________________________________________________

Dates service is to be performed:

Starting: ___________________ Ending: _____________________
Description of community project and student duties (be as specific as is possible)

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

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List any equipment needs anticipated

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Signature of Student _______________________________ Date ______________

Signature of Faculty _______________________________ Date ______________
EMERGENCY TREATMENT AUTHORIZATION AND RELEASE
(For students eighteen years of age or older)

In consideration of my participation in this event, for myself, my heirs, executors, administrators and assigns, I hereby waive and relinquish any and all rights, claims, demands and causes of action which may have and agree not to make any claim or file any lawsuit against the State of Ohio, the University of Cincinnati, its trustees, officers, employees and agents, by reason of my participation in the event. I also agree to indemnify the University of Cincinnati, the State of Ohio, and their employees from any damages or injuries that I may cause through my participation in this event. I have been advised of the nature of this event, including any special Risks, and I agree to follow any safety instructions and to be personally responsible for my self and my behavior.

I have read the above and agree on behalf of myself.

___________________________
Signature of Adult Student

___________________________
Date

Optional parental permission for students eighteen and older: I authorize the treatment of my child or ward in the event he or she becomes ill or is injured while participating in the event. Although an effort will be made to contact parent(s) or guardian, I hereby authorize medical treatment, including hospitalization or surgery, in the event I cannot be reached.

I have read the above and agree on the behalf of my child or ward.

___________________________
Signature Parent or Legal Guardian

___________________________
Date

Required: Medical information (including medications or allergies) related to medical conditions that are relevant to this event or for which I will require special accommodations:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Physician name: ____________________________________________________________

Insurance name/ID number: __________________________________________________

In case of emergency contact: ________________________________________________
at telephone number: ________________________________________________________
EMERGENCY TREATMENT AUTHORIZATION AND RELEASE  
(For Students Under The Age Of Eighteen)

I hereby give permission for my son, daughter or ward to participate in the following Service Learning project:

Name___________________________________

Phone______________________ email_________________________

As his/her parent or guardian, in consideration of his or her participation in the event, for myself, my heirs, executors, administrators and assigns, and on behalf of my child(ren) or ward, I hereby waive and relinquish any and all rights, claims, demands and causes of action which any of us may have and agree not to make any claim or file any lawsuit against the State of Ohio or the University of Cincinnati, its trustees, officers, employees or agents by reason of participation in the event. I am aware of the nature of this event, including any special risks, and I have advised my child or ward of the need to follow any safety instructions and to be personally responsible for his or her behavior. I also agree to indemnify the University of Cincinnati, the State of Ohio, and their employees from any damages or injuries that my child or ward may cause through participation in this event.

I have read the above and agree on behalf of my child or ward.

Printed Name of Parent or Legal Guardian ____________________________

Signature ____________________________ Date _________

Medical information (including medications or allergies) related to medical conditions that are relevant to this event or for which I will require special accommodations:

_________________________________________________________________
_________________________________________________________________

Physician name: _____________________________________________

Insurance name/ID number: _________________________________

In case of emergency contact: _________________________________
at telephone number: _________________________________
SERVIE-LEARNING STUDENT TRACKING SHEET

Academic Term (quarter) ____________________

Name of Student: ________________________________________________
Phone Number: ________________________________________________
Email: _________________________________________________________
In case of emergency, contact: ______________________________________

Course Name: ________________________________________________
Course Number: ________________________________________________
Section: _________________________________________________________

Name Professor: ________________________________________________
Phone: _________________________________________________________
Email: _________________________________________________________

Community Organization: _________________________________________
Supervisor Name: ________________________________________________
Phone: _________________________________________________________
Email: _________________________________________________________

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LETTER OF UNDERSTANDING FOR PLACEMENT OF UNIVERSITY OF CINCINNATI SERVICE LEARNING STUDENTS

On behalf of the University of Cincinnati (UC) Service Learning program, we would like to thank you for partnering with us to provide richer educational opportunities for our students. By accepting and supervising our service learners, you are helping these students join classroom learning with real-life experience. Through this partnership you are contributing to the University’s mission to promote civic responsibility during and beyond our students educational experience.

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 without proper authorization
- 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 of student and faculty performance
- Consideration of opportunities to partner with UC faculty and students in the future

If you wish to become a partner in education with UC and agree to the listed provisions, please complete the community partner contract below and return it to: The Director of Academic Community Partnerships. Signing gives permission for agency listings on the UC Service Learning website.
SERVICE LEARNING COMMUNITY PARTNER CONTRACT TEMPLATE

Course Name________________________ Course Number________________
Section Number__________________ Academic Term________________
Name of Student (print):________________________
Phone Number (Cell preferred)________________________
Email______________________________
Name of Faculty Member________________________
Phone Number________________________
Email______________________________
Community Organization________________________
Address (where project will take place)________________________
Community Organization Supervisor________________________
Phone Number________________________
Email______________________________
Dates Service is to be performed:
   Start Date: ________________________
   End Date: ________________________

Description of Community Project and Student Duties (be as specific as is possible):
   __________________________________________________
   __________________________________________________
   __________________________________________________

Learning Objectives: How will you consult with faculty and students to learn how the course’s subject content will match with the service goals?: ________________________
   __________________________________________________
   __________________________________________________
List any equipment needed and who will provide it:
_____________________________________________________
_____________________________________________________
_____________________________________________________

List any funds needed to complete project and the potential source(s) of these funds:
_____________________________________________________
_____________________________________________________
_____________________________________________________

____________________________  ____________  
Signature of Project Supervisor  Date

____________________________  ____________  
Signature of Faculty or Service Learning Director  Date
SERVICE LEARNING FACULTY CONTRACT TEMPLATE

Course Name ____________________________________________
Course Number _________________________________________
Section Number __________________________________________
Academic Term __________________________________________

Name of Faculty Member __________________________________
Phone Number ________________________________
email ____________________________________________

Community Organization __________________________________
Address (where project will take place) ____________________________
Community Organization Supervisor ____________________________
Phone Number ________________________________
email ____________________________________________

Dates Service is to be performed:
Start Date ________________ End Date: _______________________

Description of Community Project and Student Duties (be as specific as is possible) __________________________________________________________

Learning Objectives: How will your student’s connect the course’s subject content with the service goals? ____________________________________________________________

List any equipment to be provided by community partner ____________________________

List any equipment to be provided by UC ____________________________

List and funds needed to complete project and source(s) ____________________________

________________________________________
Signature of Faculty