# Service Learning Agreement for Economics of Sustainability

*Please return this form to Grace as soon as you have met with your agency site supervisor and have arranged a service agreement. This agreement should be returned no later than the beginning of week 4 of the quarter.*

## COURSE INFORMATION

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Current Quarter/Year

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Course Number & Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Instructor’s Name

## STUDENT INFORMATION

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
First Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Last Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Student ID Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
City\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Telephone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email

## PROJECT REQUIREMENTS

\_\_\_\_\_\_ Level I – 15 hours of service + Service-Learning Reflection Journal

\_\_\_\_\_\_\_\_ Level II – 15 hours of service + Service-Learning Reflection Journal + Service-Learning Project Write-Up

\_\_\_\_\_\_\_\_ Level III – 30+ hours of service + 3 hours of one-on-one meetings with Grace + Service Learning Reflection Journal + Service-Learning Project Analsysis and Write-Up

*I agree to the guidelines set forth in the Service-Learning Student Manual and to uphold the commitment of hours and service I establish in my partnership with the agency below. I hereby release the Seattle District of Community Colleges, its officers, employees, and agents from and against any and all claims or damages arising out of or in connection with my participation in the Service-Learning Program and participation therein.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Student Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date

## AGENCY INFORMATION

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Agency Name  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
City  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
State  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Telephone  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email

*The above agency is responsible for determining the student’s eligibility to volunteer which includes background verification. Appropriate safety instructions will be provided by the agency. The agency will comply with Federal and State Labor and Industry regulations and agrees to waive any and all claims that may arise against Bellevue College, its officers, agents, or employees in connection with the Service Learning Program and participation therein. The above agency does not discriminate on the basis of race, color, religion, national origin, gender, sexual orientation, age, marital status, or disability.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Supervisor Signature  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date