

ST. JOHN FISHER COLLEGE
SERVICE-LEARNING AGREEMENT

(Please accurately complete all blanks)

Student Name _____

Local Address _____ Mailbox # _____

Local Phone _____ Cell Phone _____

Service Site _____

Site Address _____ Phone _____

Contact Person _____ Phone _____

Volunteer day(s) and time(s) _____

“Service-learning is a form of experiential education in which students engage in activities that address human and community needs together with structured opportunities intentionally designed to promote student learning and self-development. Reflection and reciprocity are key concepts of service-learning.” (Barbara Jacoby, 1996)

The Service-Learning Program LEARNING AGREEMENT is designed to:

- Assist the student and agency in developing and understanding **learning objectives** related to the experiential community service assignment.
- Clarify the **activities** of the student at the agency (school, hospital, etc.) related to the learning objectives.
- Ensure that both the student and the agency are aware of their **responsibilities** as partners in this service-learning project.

I. SHARED LEARNING OBJECTIVES

Part II—RESPONSIBILITIES OF PARTNERSHIP (Student & Agency)

I agree to honor the commitment required for the service learning option in my class, as well as any additional training and /or time requirements of my service-learning site as detailed in the Fisher Service Scholar Program (FSSP) Guidelines. I also agree to contact either my Professor or the Community Service Coordinator should I have any concerns about my service-learning project.

Student Signature _____ **Date** _____

I agree to provide adequate training and supervision for the service-learning student, to organize activities for the student within the agency which meet the stated learning objectives, and to complete necessary service-learning forms by due dates (monthly). I also agree to contact the Community Service Coordinator should I have any concerns about the service-learning project or student.

(USE ADDITIONAL SPACE FOR ANY PLACEMENT-SPECIFIC CONDITIONS.)

Contact Signature _____ **Date** _____

Due To Coordinator By October 31, 2008

Sally J. Vaughan, Coordinator, 585-385-8196 (phone) or 585-385-5209 (fax) or email at svaughan@sjfc.edu