



# MDC Center for Community Involvement Service-Learning Contract



## Student and Course Information

<b>Student's Name:</b>		<b>Professor's Name:</b>	
<b>Course ID:</b>	<b>Reference #:</b>	<b>Semester:</b>	<b>Campus:</b>

## Agency Information

<b>Agency Name:</b>	<b>Contact Person:</b>
<b>Address:</b>	<b>Phone Number:</b>

**Directions: Students must discuss and complete the portion below with the agency supervisor.**  
Bring your course syllabus to review with the agency supervisor.

**1. Describe the types of activities that you will engage in at this agency:**

**2. How do these activities relate to your service-learning course?**

**3. How many hours will you serve at this agency? : \_\_\_\_ Start Date/Orientation: \_\_\_\_\_**

**Days and times that you will serve at this agency: \_\_\_\_\_**

## Contract Agreement

*The Miami Dade College service-learning student agrees to act in a professional manner and to respect the rules and policies governing the agency where his/her service-learning project is completed.*

*The agency supervisor recognizes the important role that his/her agency plays in educating service-learning students and will strive to assign tasks and activities to help enhance student learning. The agency agrees to provide the student with appropriate supervision, a safe work environment and to complete student forms in a thoughtful and timely manner.*

**I agree to, and will uphold, the terms of this placement.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Supervisor Full Name (Printed): \_\_\_\_\_ Phone Number: \_\_\_\_\_

***Submit completed form as directed by your professor.***