LETTER OF UNDERSTANDING  
(FOR PLACEMENT OF MDC SERVICE-LEARNING STUDENTS)

Dear Community Partner Supervisor:

On behalf of the Miami Dade College Institute for Civic Engagement & Democracy, 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 a community partner supervising Miami Dade College students involved in a service-learning project, you will ensure that these students are provided with the following:

- **Orientation, training, and supervision.**
- **An understanding that you screen and make the final decision as to which students will serve with your agency. Students who are not a suitable match should be referred back to Miami Dade College.**
- **A description of the skills needed to complete the assigned project.**
- **A clear description of the assigned service-learning project including expectations, requirements and responsibilities.**
- **A safe and appropriate working environment.**

The Institute for Civic Engagement & Democracy at Miami Dade College will ensure that your agency/school is provided with the following:

- **Direct consultation for identifying appropriate tasks for students.**
- **Orientation for community partner supervisors regarding student needs and capabilities.**
- **Student candidates for service-learning placements.**
- **On-going follow-up and support regarding student developmental issues.**

If you wish to become a partner in education with Miami Dade College and agree to the listed provisions, complete the community partner information below and return it to: **MDC Institute for Civic Engagement & Democracy, 300 NE 2nd Ave., Miami, FL 33132 (Ph: 305-237-3848/ Fax: 305-237-7580).**

Name of Agency/School______________________________  
Address______________________________

Contact Person______________________________ Phone________________ E-mail: __________________

Signature______________________________ Date________________  
(Community Partner Representative)

MDC Contact Person______________________________ Phone________________

Signature______________________________ Date________________

(Institute for Civic Engagement and Democracy Director)