Service Learning Agreement/Time Form

Form Must Be Returned To Your Instructor or Service Learning Coordinator: Sandra Harden (626) 857-4163

Please read the following statement carefully. By signing this agreement form, you are agreeing to participate in a service activity and waive district liability as set forth in this declaration for said participation.

All persons traveling to and from the volunteer site shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness or death occurring during the trip. I agree that any accidents or infractions (moving violations) incurred while driving my own vehicle, are the sole responsibility of myself. I will not hold Citrus College, its employees and agents responsible for any such damage, injury or liabilities. Further, injuries and / or illnesses occurring during or as the result of my participation in the service learning class should be covered in accordance with the premiums of the student insurance program as the secondary health insurance carrier.

Student’s Name: ___________________________ ID#: ___________________________ Phone: ___________________________
E-mail: ____________________________________________________________ Semester: ________ Year: _____________
Instructor(s): ___________________________ Course(s): ___________________________
Please check if you are in the:   Honors Program ________  Center for Teacher Excellence Program (CFTE) ___________

EACH SERVICE LEARNING OPPORTUNITY MUST BE DOCUMENTED BELOW:

1. Service Learning Site:
   Name of Organization: ______________________________________________________
   Contact Person: ____________________________________________________________
   Date: ____________
   Site Supervisor: __________________________________________________________
   Duties performed: __________________________________________________________
   Phone: _____________________________
   Hours completed: ___________________________
   E-mail: _____________________________

2. Service Learning Site:
   Name of Organization: ______________________________________________________
   Contact Person: ____________________________________________________________
   Date: ____________
   Site Supervisor: __________________________________________________________
   Duties performed: __________________________________________________________
   Phone: _____________________________
   Hours completed: ___________________________
   E-mail: _____________________________

SERVICE LEARNING TIME SHEET (must be completed by site supervisor):

<table>
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<tr>
<th>DATE</th>
<th>TIME IN</th>
<th>TIME OUT</th>
<th>TOTAL HRS</th>
<th>SUPERVISOR NAME</th>
<th>PHONE #</th>
<th>SITE SUPERVISOR SIGNATURE</th>
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Total Number of Hours: ___________________________

Student’s Signature ___________________________ Date ____________
I agree to the terms set forth above and to perform my duties to the best of my abilities. I have read the liability waiver and agree to its terms.