

SERVICE LEARNING APPROVAL FORM

Part A—STUDENT INFORMATION

Name: _____ Email/Phone: _____

Course/Instructor: _____

Student Pledge: “I agree to fulfill the duties and the time commitment in a manner that demonstrates good character. I will provide adequate notice if I am ever unable to keep my commitments. I agree to abide by all rules and procedures where I am serving.”

1) Accident Insurance: If the service learning activity is required by the College, and an accident occurs while the student is performing the service (or traveling to and/or from the activity), the student should then be covered by the college's accident insurance (see P&P manual, 3.32).

2) Student Conduct/ Rights & Responsibilities: If the volunteer agency experiences issues with the student's behavior or conduct, the student may also be subject to disciplinary action by the College (see P&P manual, 3.35). The agency should contact Patrick Kelly, Coordinator of Student Outreach & Partnerships, to report any concerns. Mr. Kelly can be reached at pkelly@cccc.edu or (919) 718-7347.

I, Enter Your Name Here , agree to abide by the CCCC rules, processes, and procedures listed above.
(Entering your name and clicking the box above will service as your electronic signature.)

Part B—COMMUNITY AGENCY INFORMATION

NAME OF AGENCY/ORGANIZATION: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

CONTACT PERSON: _____

TITLE: _____

PHONE: _____

EMAIL: _____

DAYS/HOURS SCHEDULED TO VOLUNTEER: _____

Brief description of job(s) to be performed by student:

