



Service-Learning Placement Agreement

This document represents the agreement between the **Community Partner**, the **Student** and the **Faculty** when a Service-Learning position is established. The **Community Partner** should complete their section, then the Student and then the Faculty. Copies of the agreement should go to all parties.

Community Partner

We understand that each student placed in our organization will be provided with the opportunity to serve the needs of our agency, learn about the organization and meet the learning objectives outlined in the **Learning Objectives Sheet**. The **Community Partner** agrees to provide supervision and guidance on the job, verify hours worked and complete an Evaluation of the placement at its completion. The **Community Partner** agrees to provide worthwhile and relevant work for the student to do that meets the needs of both the **Student** learning and the goals of the **Community Partner**. As the **Community Partner**, we will not assign duties or activities that compromise the integrity of the College (KVCC), the **Center** or the **Student**.

Please provide a brief description of the Service-Learning responsibilities for this placement:

Student

I agree to represent the College (KVCC) the **Center** and my fellow students in a professional manner in all my interactions in this Service-Learning activity. I agree to abide by the rules and regulations put forth by the **Community Partner** and to complete duties and documentation as assigned by the **Community Partner** and the **Faculty**.

Faculty

I as the **Faculty** agree to provide the **Learning Objectives Sheet** to both the **Student** and the **Community Partner**. I further agree to be available to communicate directly with the **Community Partner** should they have questions about the Service-Learning activity. I agree to evaluate the **Student's** completion of the learning objectives and to provide ongoing feedback and guidance on integrating the course material into the Service-Learning experience.

Community Partner Representative:

Printed Name: _____ Signature: _____ Date: _____

Student:

Printed Name: _____ Signature: _____ Date: _____

Faculty:

Printed Name: _____ Signature: _____ Date: _____