



Academic Service-Learning  
 Center for Experiential Education, Kaplan Hall 210  
 300 Boston Post Road  
 West Haven, CT 06516  
 (203) 479-4588

## Academic Service-Learning Contract

Student Name:		
Student ID Number:		
Address:		
Phone Number:	This number calls my (circle one):	
	Cell	Home
	Work	
Email Address:		
Date of Birth:		
Course Name:	Section Number:	Instructor Name:

## Placement Confirmation

Required number of hours _____	Name of Agency _____
Briefly describe the service-learning assignment and student responsibilities	
<b>Learning Objectives:</b> What do you hope to learn from this service experience—about the agency, about the challenges and assets of the population with whom you will be working, about yourself, and about your community—and how does this connect to your course work?	
<b>Service Objectives:</b> Identify and describe the nature of the service activities in which you will be engaged. The service objectives should be designed to help you work toward your learning objectives.	

# STUDENT RESPONSIBILITIES AND GUIDELINES

Student declares and also agrees to the following:

## Confidentiality

I will comply with agency policies, standards and regulations and serve in a professional manner with respect for others, especially with regard to confidentiality. I understand that all activities, in which I am involved as a service-learner, are strictly confidential. I will not release any type of personal information concerning clients of the agency listed above, without written authorization from appropriate persons. Disclosures by the individual can normally be discussed ONLY with your immediate agency supervisor.

When discussing the individual(s) as a part of class discussion or a written assignment centered around the service-learning experience, care must be taken to: change the individual's name, eliminate identifying characteristics (where parents work, identifiable physical characteristics, where the individual lives, etc.), suppress details about personal information that has been disclosed – for instance, you might state that the individual has a history of abuse by a family member, but details about who, when, and where should be kept confidential. If you plan to use photography, please speak to the site supervisor for permission.

## Service Hours and Placement

I will complete the service assignment I have made a commitment to and will be on time or call the agency if I cannot attend due to illness or emergency. I will contact the Academic Service-Learning Office (203-479-4588 or 203-479-4860) if I have concerns, difficulties and/or feedback about this agency or placement.

I will comply with student expectations at all times including

- I will follow and comply with UNH's Student Code of Conduct.
- I will follow all rules and/or guidelines of the agency I am serving.
- I will use appropriate language at all times.
- I will dress appropriately at all times.
- I will maintain regular, punctual attendance at this site.
- I will not perform service under the influence of illegal substances.
- I will not have contact with agency clientele outside the service setting.
- I will not have contact with anyone in the service setting in a harmful manner.
- I will inform the agency representative of problems that occur while I am performing services and also inform the Academic Service-Learning Office.
- I will keep an honest and detailed record of service hours and activities completed.

## Waiver and Release of Liability

I, \_\_\_\_\_ (Print Name), have read and understand the above policies and agree to act according to these expectations. I am at least 18 years old and assume responsibility for all risks, known and unknown (including, but not limited to working with people and transportation), and release and waive any and all claims against the University of New Haven, its employees, or its partnering agencies in connection with my participation in academic service-learning courses.

I am not an employee of UNH for this function, and acknowledge that workers' compensation benefits do not apply to me. Also, in the case of any medical emergency, I hereby give my permission to receive medical treatment.

Additionally, with my signature below, I acknowledge my permission for any quotation of my comments, video, or still photography made with my image and any sound recording of my voice to be applied to a variety of uses by University of New Haven parties, cable casting, broadcasting and/or other forms of electric transmission. I hereby give permission for the use of the media described above and I release University of New Haven, its Board of Trustees, faculty, staff, agents, and employees of and from any claims (monetary or otherwise) that I may have related to the use of said media.

I hereby affirm that I have read and understand the terms and conditions of this Waiver and Release Form and agree to accept the terms and conditions. I further agree and acknowledge that I will abide by all responsibilities as outlined in this document.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

*(for students under the age of 18)*