



Service-Learning Agreement Form

Student Information

Student Name:

Address:

Phone Number:

Course Name:

Course Instructor:

Instructor's Phone Number:

Instructor's Email Address:

Community Organization Information

Community Organization Name:

Address:

Supervisor's Name:

Supervisor's Phone Number:

Community Service-Learning Assignment

Description of Project:

Number of Hours to Be Completed:

Dates and Times of Expected Service:

Agency Supervisor's Signature and Title

I agree to accept the above-named student and provide supervision of this student.

Student's Signature

I agree to the terms set forth above and to perform my duties to the best of my ability.