



### SERVICE-LEARNING REGISTRATION FORM

**DIRECTIONS:** Please print legibly and press down hard on the paper. Once completed, please return immediately. Please note the deadline to hand in this form. If you have any questions, please call the **SL office** at **(718) 368.5656**.

**Step 1: Contact Information:**

First Name:

Last Name:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**STEP 2: Course Info:** S-L Course #: \_\_\_\_\_ Course Section: \_\_\_\_\_ Instructor: \_\_\_\_\_

**STEP 3: Site/Community Partner Information:** (ask the community partner to help you fill this out)

Name of Community Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

**STEP 4: Schedule:** (fill out the time you will be visiting your site on the corresponding day of the week)

Also do not forget to hand in your SL time sheet signed by the community partner, due the last day of class.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**STEP 5: Mutual Expectations Agreement:**

I. COMMUNITY PARTNER PLACEMENT SITE-We commit to the following:

- ❖ The student named above has agreed to serve at the community organization named above beginning \_\_\_\_\_ (date) and will be present for \_\_\_\_\_ (Hour(s) per week until \_\_\_\_\_ (expected completion date).
- ❖ To supervise the student's work on-site and to sign, or arrange to have their timesheet signed. I understand that any hours outside of those necessary for classroom credit do not fall under the jurisdiction of service-learning, but will be considered independent volunteer work or employment.
- ❖ I understand that Kingsborough Community College not be held responsible for any student supervision beyond the above indicated hours and that KCC may not have means to contact the student beyond this point.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

II. SERVICE-LEARNER-I commit to the following:

- ❖ To perform my respective duties to the best of my ability.
- ❖ To adhere to the organizational rules, procedures and policies including the confidentiality of organization named above. I also agree to meet the requirements my instructor has specified, in order to receive academic credit for this service-learning project.
- ❖ To finish the service-learning minimum requirement of 20 hours per student for the semester to be recognized by the service-learning office. (Your professor may require more for your course and your academic credit please be advised by your professor).

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

III. SERVICE-LEARNING FACULTY MEMBER-I commit to the following:

- ❖ The student named above has my permission to participate in this service-learning project in partial fulfillment of the requirements for the course named above. In addition to the number of hours indicated above, the student will be given service-learning related reflection assignments to complete.

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DISTRIBUTION: White:** SL Office **Yellow:** Community Partner **Pink:** Instructor **Gold:** Student (Your Copy)