

# SERVICE LEARNING AGREEMENT

## Chicago Public Schools

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

School: \_\_\_\_\_ Division # \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Site/Project Name: \_\_\_\_\_

Site Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Site Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Site Phone: \_\_\_\_\_ Project Date(s): \_\_\_\_\_

Basic responsibilities: \_\_\_\_\_

I, the above student, have elected to provide service at the above site. I agree to abide by the regulations/ policies of this site and the Chicago Public Schools and to provide to the best of my ability the tasks specified in this agreement. I agree to call the site in advance if I am detained for any reason. **Failure to do so may result in termination of this agreement.**

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

This site agrees to accept the services of the student as specified and to provide meaningful tasks for this student. In exchange for services rendered, this agency will train, supervise and evaluate the student. We will not expect the student to participate in activities that would be considered unsafe for the age and experience of the student. This is to acknowledge that we \_\_\_ do \_\_\_ do not (check one) provide general liability insurance protecting the student when he/she is involved in this service project.

\_\_\_\_\_  
Site contact signature

\_\_\_\_\_  
Date

I, the parent/legal guardian of the above student, approve his/her participation at this site and agree to lend support and encouragement to my child in the service he/she will render to the site we have chosen. I accept responsibility for my child's transportation to and from the site.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

### MEDICAL RELEASE INFORMATION

If the parent/guardian is unavailable, please notify the emergency contact person below:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The student has my permission to be transported and treated by any doctor assigned by the service site in an emergency or accident.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

**Please return this form to your Service Learning Coach.**

# SERVICE LEARNING TIME SHEET

## Chicago Public Schools

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_ Division #: \_\_\_\_\_

Site/Project Name: \_\_\_\_\_

DATE	TIME IN	TIME OUT	TOTAL HOURS	Supervisor's signature
<b>TOTAL HOURS ON THIS SHEET</b>				

Received: \_\_\_\_\_ Date: \_\_\_\_\_

Service Learning Coach signature

**Please return this sheet to your Service Learning Coach.**