

# OFFICE FOR VOLUNTEER & SERVICE-LEARNING

Lankford 218 ■ Phone: 434.395.2930 ■ Fax: 434.395.2237 ■ [www.longwood.edu/volunteer](http://www.longwood.edu/volunteer)

## Service-Learning Agreement

The purpose of this agreement is for you, in conjunction with your instructor and/or your community partner supervisor, to outline the goals, activities, and learning objectives for your on-going service-learning experience. Please be as explicit as possible when completing the following agreement. You will NOT need to complete this form if you are only interested in completing one-time/special projects. You will need to complete a new agreement for each on-going or regular basis service assignment.

For assistance with locating an appropriate service opportunity, please call x 2930.

Student Name \_\_\_\_\_

Instructor Name (if applicable) \_\_\_\_\_

Community Partner Name \_\_\_\_\_

### Hours

Minimum number of service hours that you have agreed to complete \_\_\_\_\_

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Days and Times you are committed to serving \_\_\_\_\_

**Holidays:** The student is not required to work during Longwood University holidays unless otherwise agreed. Students should provide those dates at the beginning of each semester.

### LEARNING OBJECTIVES & ACTIVITIES

**To be completed by both STUDENT & SUPERVISOR**

*(print or type your answers on a separate sheet of paper)*

### STUDENT

What do you hope to learn from your involvement in this placement? What resources, experiences or interests do you bring to this placement? What do you expect in the way of guidance from your supervisor?

### SUPERVISOR

What do you hope the student will learn from their involvement in your agency? What do you expect from the student? What can the student expect from you?

### Position Description

Describe in detail what your role and responsibilities will be at the community organization. List your duties, projects that you will be involved in, deadlines, etc.

### Learning Activities

If you are required to complete for a course, use your course syllabus to explain how this experience will connect to the course objectives and/or course topics. Please list projects, research, conversations, readings, writing, etc. that you will complete to help you meet your objectives.

### Supervision

Describe in detail the supervision that you will receive at the organization. Describe the type of training/assistance you will receive. Who will provide this for you? Who will you speak to if any problems arise at the organization?

### Evaluation

What criteria will be used to evaluate your work performance? How will this evaluation be conducted? Who will complete this evaluation?

### AGREEMENT

By signing this form, you agree to the conditions stated above.

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

Instructor's Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

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

*Note: Once you have obtained the necessary signatures, please make 2 copies of this form to give to the Instructor (if applicable) and Community Partner. You keep the original for your records.*