



Download and have this form accessible when you contact your Service Learning Site Supervisor

EMAIL COMPLETED FORM TO THE SERVICE LEARNING CENTER PRIOR TO BEGINNING SERVICE

MiraCosta College Service Learning Office, servicelearning@miracosta.edu, (760) 795-6616

Please read the following statement carefully. By signing this agreement form, you are agreeing to participate in a service activity and waive district liability as set forth in this declaration for said participation.

All persons traveling to and participating in the service learning and volunteer site shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, death or other virtual liabilities occurring during the trip and participation. I agree that any accidents or infractions (moving violations) incurred while driving my own vehicle are the sole responsibility of myself. I will not hold MiraCosta College District, its employees and agents responsible for any such damage, injury or liabilities. Further, injuries and or illnesses occurring during or as the result of my participation in the service learning class should be covered in accordance with the premiums of the student insurance program as the secondary health insurance carrier.

Student's Name: _____ Student ID #: _____

Your address will be pulled from SURF. If you have recently moved and have not updated your records, please submit a Change of Information Form to the Admissions and Records Office.

Phone: _____ Semester and Year: _____

Course: _____ Instructor: _____

Check the response that most accurately applies to you:

Strongly Agree Agree Disagree Strongly Disagree

I am concerned about community issues.

I am responsible for doing something to better my community.

Contributing my time and skills will improve the community.

◆ Please initial for essay and/or photo release:

I hereby give permission to the SLVC to publish photograph & videos of me involved in service activities _____

I hereby give my permission to the SLVC to print any service learning related materials for publication _____

Service Learning Site: (Organization MUST be an APPROVED MiraCosta Service Learning Site)

Name of Organization: _____

Supervisor: _____ Phone: _____

E-mail: _____ Approx. # of service hours to be completed: _____

Duties to be performed: _____

Site Supervisor's Signature Date I agree to accept the above-named student and provide adequate training and supervision at this service learning site.

Student's Signature Date I agree to the terms set forth above and to perform my duties to the best of my abilities. I have read the liability waiver and agree to its terms.