***Before starting your project, send this completed contract with Risk of Liability Waiver to the Center for Civic Engagement in L-118 at the Fall River Campus—no later than the 4th week of class. Service hours do not start until contract is received. Timesheets are due by the 11th week of class.***

1. **Project Information**

**Course Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Semester *(ex. Fall 2012)* | Course ID *(ex. SOC 101)* | Section *(ex: A01)* | CRN *(ex. 14338)* |
| S-L Professor | | | |

**Student Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name *(Last, First, MI)* | | Address *(Street, City, State, Zip)* | |
| Student ID | E-Mail | Cell Phone | Home Phone |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Community Partner Information:** | |  | | |  |
| Organization | | | Address *(Street, City, State, Zip)* | | |
| Supervisor’s Name | Supervisor’s Title | | Phone | E-Mail | |

**Service-Learning Activity:**

|  |  |
| --- | --- |
| Brief description of Service Activity *(Indicate the specific tasks you will be doing at your service placement.)* | |
| Brief description of Reflection Assignment *(Indicate the type of assignment your professor has assigned for you for the required reflection.)* | |
| Projected Start Date | Projected End Date |

**Mutual Understanding:**

|  |  |
| --- | --- |
| **Community Partner/Placement—We commit to the following:**   * To provide adequate information, orientation/training, supervision, feedback, and assistance for the Service-Learning student to enable him/her to meet the responsibilities of her/his service position and facilitate student growth and learning * To respect the skills, dignity, and individual needs of the Service-Learning student * To provide meaningful tasks related to the student’s course and to her/his skills, interests, and available time * To provide appreciation and recognition of the student’s contributions | **Service-Learning Student—I commit to the following:**   * To perform my expected activities to the best of my ability * To adhere to the community partner’s policies and procedures, including record-keeping requirements and confidentiality of organizational and client information * To be open to supervision and feedback, which will facilitate my academic and civic growth * To meet time and activity commitments, or if I cannot attend, to provide adequate notice so that alternative arrangements can be made |

**AGREED BY:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | COMMUNITY PARTNER SUPERVISOR |
| *Signature* |  | *Date* |  |
|  |  |  | S-L STUDENT |
| *Signature* |  | *Date* |  |
|  |  |  | S-L STUDENT‘S PROFESSOR |
| *Signature* |  | *Date* |  |

1. **Acknowledgement of Risk and Consent/Waiver of Liability**

*To be read and completed by the student or, if student is under 18 years of age, by a parent or legal guardian:*

I acknowledge that I am seeking to participate in the voluntary Service-Learning activity (“activity”) described on page 1 of this contract.

I further state that I am at least eighteen (18) years of age, fully competent to sign this Agreement, and am voluntarily seeking to participate in this activity (or in the case of students under the age of 18, I further state that I am the parent or legal guardian of the student identified below and am legally authorized to sign this form on behalf of the student who is voluntarily seeking to participate in this activity). I understand that by signing this document I am representing that I understand all its terms and conditions and fully intend to be bound by the same. I also understand that I may wish to consult with an attorney prior to signing this document.

I acknowledge that there may be certain dangers, hazards, and risks associated with my participation in this activity. I further acknowledge and understand that all risks cannot be prevented. If there are physical risks associated with this activity, I have consulted with my physician and/or health care provider to discuss whether my participation in the activity is appropriate given my current physical and mental health. Accordingly, I represent that I am physically and mentally able, with or without accommodation, to participate in this activity, and am capable of using the equipment, if any, associated therewith.

On behalf of myself and my family (including legal guardians) I agree to assume all the risks and responsibilities surrounding my participation in this activity, and agree to release from liability and waive any legal action against Bristol Community College, its governing board, officers, agents, and employees (the parties), for personal injury, death, or property damage suffered by me while participating in this activity or while in transit to or from the premises where the activity is being conducted.

I understand and agree that the College may not provide or have medical services or personnel available at the location of the activity or on its campus. Therefore, should I require emergency medical treatment as a result of an accident or illness arising during this activity, I consent to such treatment. Further, I acknowledge that the College does not provide activity participants with health or accident insurance and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment provided.

Further, I agree to comply with all rules and regulations included in the College’s Student Handbook and all other rules as set forth by the College personnel during the activity.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *S-L Student Signature*  *(If under 18 years of age, parent or legal guardian signature)* |  | *Date* |
| ***In case of an emergency, please contact:*** |  |  |
| *Emergency Contact Name& Relationship to Student* |  | *Emergency Contact Number* |

I agree that this document shall be construed in accordance with the laws of the Commonwealth of Massachusetts. If any term or provision of this document shall be held illegal or unenforceable, the remaining terms and provisions shall remain in full force and effect.

1. **Media and Photo Release**

*I give permission, without restriction, to Bristol Community College to (check all that apply):*

* Photograph me
* Videotape me
* Audio record me
* Quote me
* Use a copy of my writing

I hereby consent, for any and all purposes, to reproduction and/or use of the media noted above by Bristol Community College in any form and in any medium, including advertising, display, or any other use. I hereby release Bristol Community College, the Commonwealth of Massachusetts, and their employees and agents, from and against any liability, including liability for negligence, arising out of or in any way connected to Bristol Community College’s use of the materials noted above.

|  |  |  |
| --- | --- | --- |
| *S-L Student Signature*  *(If under 18 years of age, parent or legal guardian signature)* |  | *Date* |

**Name: Course: Semester:**

**Student ID: Instructor: Placement:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Hours** | **Description of Service Performed** | **Supervisor Signature** |
|  |  |  |  |
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|  |  |  |  |
| **Total Hours** |  | **Please return this log to the Center for Civic Engagement (L-118) by the 11th week of the semester in order to have Service-Learning Component listed on your academic transcript for that semester.** | |

**Performance Ratings:**

**Progress Rating:** □ Poor □ Below Average □ Average □ Good □ Excellent

**Attendance Rating:**  □ Poor □ Below Average □ Average □ Good □ Excellent

**Cooperation Rating:**  □ Poor □ Below Average □ Average □ Good □ Excellent

**Work Quality Rating:**  □ Poor □ Below Average □ Average □ Good □ Excellent

**Organization Rating:** □ Poor □ Below Average □ Average □ Good □ Excellent

**Appearance Rating:** □ Poor □ Below Average □ Average □ Good □ Excellent

**Verified By Service Organization**

**Supervisor’s Name (Please Print): \_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_Date:**

**Contact Email: Contact Phone:**

**Additional Comments:**