



# Community Colleges of Spokane APPLICATION FOR SERVICE LEARNING

Student's Name \_\_\_\_\_ Course \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Student No. \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Semester:       Fall 20\_\_\_\_       Winter 20\_\_\_\_       Spring 20\_\_\_\_       Summer 20\_\_\_\_

Today's Date \_\_\_\_\_ Instructor \_\_\_\_\_

Number of hours of service expected for course credit: \_\_\_\_\_

**Schedule:** Your current *available* hours for the quarter:

| DAYS AVAILABLE:              | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|------------------------------|--------|---------|-----------|----------|--------|----------|--------|
| Hours Available<br>From? To? |        |         |           |          |        |          |        |

**Agency Choices:**

- Please specify the name of your community agency here: \_\_\_\_\_
- If your instructor has given you a choice of agencies, please contact the Center for Service Learning for participating agencies.

**Acknowledgement:** Please indicate your understanding of service learning and acceptance of terms by signing below.

I understand that service learning is a commitment to a community agency—to people who are depending on me—and to Community Colleges of Spokane. I am choosing to participate in the service learning option for this course, and I know that my success and grade in this course are linked to the completion of my service learning project.

I agree:

- To abide by all agency rules, regulations and policies.
- To acknowledge that I am in an unpaid status with the agency/service learning site, and as such have no worker compensation coverage for "job related" accidents and injuries.
- To keep the Center for Service Learning staff informed of any change in work status.
- To maintain confidentiality. (Students are sometimes exposed to private and confidential information. All information must be handled in a professional manner in keeping with the professional code of ethics applicable to the helping professions.)
- To refrain from substance abuse. (Students are expected to remain alcohol/drug free while engaged in service learning activities.)

**Failure to comply with these standards will result in the termination of the service learning experience.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_



## Community Colleges of Spokane Service Learning

Institute for Extended Learning  
3305 W Fort George Wright Dr  
Spokane WA 99224-5228  
509-533-3140

Spokane Community College  
MS 2151  
1810 N Greene St  
Spokane WA 99217-5399  
509-533-7463

Spokane Falls Community College  
MS 3240  
3410 W Fort George Wright Dr  
Spokane WA 99224-5288  
509-533-3155

When all the necessary signatures are obtained, original to Center for Service Learning, a copy to Faculty Member and Student.