

TURN THIS PAGE IN TO YOUR INSTRUCTOR, as soon as you have set up a placement

Service-Learning Agreement

Seattle Central Community College

1701 Broadway, 2BE 1103, Seattle, WA 98122

(206) 587-6997

Current Quarter/Year	Time Class Meets	Course #	Instructor
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Name of Student _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Student ID Number _____

Title of Position at Agency _____

TO BE COMPLETED BY THE SUPERVISOR AND STUDENT: Date _____

Agency Name _____

Address _____

City _____ State _____ Zip _____

Describe student's activities/ responsibilities:

Supervisor's Name _____ Phone _____

Representing the agency, I have read the agency manual (in print or on the website <http://seattlecentral.org/service-learning/>) and agree to the guidelines in the agency agreement. As a student, I agree to uphold the commitment of hours and service I establish in my partnership with the agency.

Student Signature	Date	Agency Representative Signature	Date
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