

One-Time Service Learning Experience Record

STUDENT INFORMATION — Please Print

Student Name: _____ Course Name: _____

Student Phone: _____ Instructor Name: _____

Student Email: _____ Required Hours: _____

Student declares and agrees to the following:

1. I will comply with agency policies, standards and regulations and serve in a professional manner with respect for others, especially with regard to confidentiality. I understand that all activities in which I am involved as a service learner are strictly confidential. I will not release any type of personal information concerning clients (ie. client names, photos of clients, etc.) of the agency listed below without written authorization from appropriate persons.
2. I will complete the service assignment I have made a commitment to and will be on time or call the agency if I cannot attend due to illness or emergency.
3. I will contact Brittany Budden, Director of Service Learning (443-518-4432 or Bbudden@howardcc.edu) if I have concerns, difficulties and/or feedback regarding this agency or placement.
4. I have signed the Waiver of Responsibility.

Student Signature _____ Date _____

AGENCY INFORMATION AND HOURS LOG — Please Print

Name of Agency: _____ Telephone: _____

Date	Time In	Time Out	Total Hours	Supervisors Initials

Total Hours Completed: _____

Describe the service provided at the agency: _____

Name of Supervisor: _____ Supervisor Signature: _____

INSTRUCTORS —

Your signature below indicates that you approve the service learning activity the student has completed.

Instructor Signature: _____ Date: _____