

## FORMS: QUICK, EASY, PAINLESS

The following forms are helpful in keeping track of your Community Service Learning projects. These forms are not required for the Office of Community Service Learning, but may be required by your professor, so keep them handy!



“I want others to know that Service-Learning is great. It makes you feel good about yourself and it’s great for me to know that I have made a contribution to the community.”

- Sara, HCC student

# Holyoke Community College

## ACKNOWLEDGMENT OF RISK AND CONSENT FORM

This form is to be completed by the student and returned to the faculty member.

### Section I (Information to be supplied by site supervisor, faculty member, project leader)

\_\_\_\_\_  
Course or Club

\_\_\_\_\_  
Community Service Site

\_\_\_\_\_  
Faculty Member or Advisor

\_\_\_\_\_  
Site Contact/Supervisor

Community Service Activity: \_\_\_\_\_

Community Service Dates: \_\_\_\_\_

### Section II (To be read and completed by student)

I acknowledge that I am currently enrolled as a student at Holyoke Community College and am seeking to participate in the academic program/ course activity described above.

I am fully competent to sign this Agreement, and am 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. 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 waiver any legal action against Holyoke Community College, its governing board, officers, agents, and employees (the parties), for any personal injury 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 does not provide or have medical services or personnel available at the location of the activity. In the event that student personal transportation is used to convey myself or others, it is expressly understood that the College incurs no responsibility or liability in the event of an accident or other damages to vehicles or property or injury to student drivers or passengers either on the way to or from the service site, or while at the site.

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Student Signature (or parent/guardian if student is under 18)

\_\_\_\_\_  
Printed Name of Parent/Guardian Signing for Student under 18

In case of emergency, please contact:

\_\_\_\_\_  
Name and Relationship

\_\_\_\_\_  
Phone Number

Holyoke Community College

COMMUNITY SERVICE LEARNING and COMMUNITY SERVICE  
PROFESSOR-STUDENT AGREEMENT

**This form is to be completed by the student and turned into the faculty member  
at the beginning of the service.**

Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Course Name and Number: \_\_\_\_\_ Semester: \_\_\_\_\_

Community Service Learning/Community Service Information

Site: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Service Start Date: \_\_\_\_\_

Service End Date: \_\_\_\_\_

I will be involved weekly \_\_\_\_\_ monthly \_\_\_\_\_ individual project \_\_\_\_\_

If weekly, I will work \_\_\_\_\_ hours on these days: \_\_\_\_\_

I will report any concerns I have to either my professor or supervisor.

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

\_\_\_\_\_  
Date

**Student: Please return this form to your professor at the beginning of your service.**

# Holyoke Community College

## AGENCY FORM

This form is to be completed by the agency representative.

Agency: \_\_\_\_\_

Address (street address and town): \_\_\_\_\_

Site Supervisor: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Student: \_\_\_\_\_

Position (at agency): \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Total student hours spent at agency fulfilling community service learning experience: \_\_\_\_\_

### STUDENT VOLUNTEER EVALUATION

	1-Strongly Agree	2-Agree	3-Disagree	4-Strongly Disagree	5-Not Applicable		
<b>A. Dependability</b>							
1. Arrives on time.			1	2	3	4	5
2. Maintains established working hours.			1	2	3	4	5
3. Gives proper notification when absent/late.			1	2	3	4	5
<b>B. Job Performance</b>							
1. Adapts quickly to new responsibilities.			1	2	3	4	5
2. Deals with difficulties calmly and effectively.			1	2	3	4	5
3. Has ability to learn new things.			1	2	3	4	5
4. Exercises good judgement.			1	2	3	4	5
5. Performs work with accuracy.			1	2	3	4	5
<b>C. Attitude</b>							
1. Cooperates with peers and supervisors.			1	2	3	4	5
2. Works well with the public.			1	2	3	4	5

Comments (feel free to continue on backside):  
\_\_\_\_\_  
\_\_\_\_\_

Site Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_ Student Signature \_\_\_\_\_

### TO BE FILLED OUT BY STUDENT

Professor/Advisor: \_\_\_\_\_ Course: \_\_\_\_\_

Semester: \_\_\_\_\_

Student: Please return this form to your professor at the end of your service.