

**SEATTLE CENTRAL COMMUNITY COLLEGE
COMMUNITY SERVICE/VOLUNTEER PROGRAM**

AGREEMENT

_____ Participation Dates	<u>33 66 99 *</u> Required Hours	_____ Number of Credits	_____ Course Number
_____ Name of Student		_____ Telephone	
_____ Address		_____ I.D. Number	
_____ City, State, Zip		_____ Email Address	

TO BE COMPLETED BY THE ORGANIZATION

_____ Organization Name	_____ Supervisor's Email Address
_____ Address	_____ Supervisor's Telephone Number
_____ City, State, Zip	_____ Supervisor's Signature
_____ Supervisor's Name	_____ Date

The organization agrees to assist in the evaluation process by verifying hours on the Time Sheet and completing the Student Volunteer Evaluation form prior to the end of the placement period.

TO BE COMPLETED BY THE STUDENT

Student's volunteer activities/responsibilities:

I understand the following documents need to be submitted before grades and credit are awarded:

1) Agreement form, 2) written observation and reflection, 3) Student Volunteer Evaluation/Timesheet and 4) Program Evaluation. Credit will not be awarded unless all documents have been submitted. I also understand points may be deducted if I do not meet submittal due dates.

**** I further understand I am required to volunteer 33, 66 or 99 hours for one, two, or three credits respectively, and I can extend my participation for one additional quarter following the official quarter of enrollment. Failure to complete course requirements by the last day of the second quarter will result in a loss of grade and credit. (Financial aid students cannot extend their participation for an additional quarter.)***

I understand my participation in this program is voluntary and I release the organization and college from any liability, claims, demands, injuries, loss and damage that may occur as a result of participating in volunteer activities.

I elect to receive: Grade with Credit _____ Satisfactory with Credit _____

Student Signature Date College Coordinator Date