

**FORM A**

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

**Service-Learning Agreement**

Seattle Central College

1701 Broadway, BE 1117, Seattle, WA 98122

(206) 934-6997

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**Current Quarter/Year** \_\_\_\_\_ **Course/Section#** \_\_\_\_\_ **Instructor** \_\_\_\_\_

**Name of Student** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Student ID Number** \_\_\_\_\_

**Title of Position at Agency** \_\_\_\_\_

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**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 <https://seattlecentral.edu/programs/alternate-programs/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. Further, the student and agency/organization agree to waive any and all claims that may arise against the college, its officers, agents, or employees in connection with the service-learning program and participation therein.

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**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Agency Representative Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(rev 8/5/19)