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, SAC 350, Student Leadership Building Seattle, WA 98122
(206) 934-6997

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

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 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.

_____

Student Signature **Date** **Agency Representative Signature** **Date**

(rev 8/3/26)