SERVICE LEARNING AGREEMENT
Chicago Public Schools

Name: _____ **Home Phone:** _____

School: _____ **Division #** _____

Home Address: _____ **Zip Code:** _____

Site/Project Name: _____

Site Address: _____ **Zip Code:** _____

Site Contact Name: _____ **Title:** _____

Site Phone: _____ **Project Date(s):** _____

Basic responsibilities: _____

I, the above student, have elected to provide service at the above site. I agree to abide by the regulations/ policies of this site and the Chicago Public Schools and to provide to the best of my ability the tasks specified in this agreement. I agree to call the site in advance if I am detained for any reason. ***Failure to do so may result in termination of this agreement.***

_____ _____

Student signature Date

This site agrees to accept the services of the student as specified and to provide meaningful tasks for this student. In exchange for services rendered, this agency will train, supervise and evaluate the student. We will not expect the student to participate in activities that would be considered unsafe for the age and experience of the student. This is to acknowledge that we ____ do ____do not (check one) provide general liability insurance protecting the student when he/she is involved in this service project.

_____ _____

Site contact signature Date

I, the parent/legal guardian of the above student, approve his/her participation at this site and agree to lend support and encouragement to my child in the service he/she will render to the site we have chosen. I accept responsibility for my child's transportation to and from the site.

_____ _____

Parent/guardian signature Date

MEDICAL RELEASE INFORMATION

If the parent/guardian is unavailable, please notify the emergency contact person below:

Name: _____ **Phone:** _____

The student has my permission to be transported and treated by any doctor assigned by the service site in an emergency or accident.

_____ _____

Parent/guardian signature Date

Please return this form to your Service Learning Coach.