

SERVICE-LEARNING SERIES: STUDENT FORMS



Students: Service-Learning Agreement

Please complete the following sections in conjunction with your site supervisor. Students are responsible for ensuring community partners and faculty have a completed and signed agreement.

| Contact Information | | | | | |
|--|--|-------|--|--|--|
| Student name | Phone | Email | | | |
| Course name | Professor name | Email | | | |
| Community partner | | | | | |
| Supervisor name | Phone | Email | | | |
| Service-Learning Position Information | | | | | |
| Start date End date Best method of communication | Scheduled days and ho Frequency of commun | | | | |
| Standard of dress and conduct | | | | | |
| Confidentiality issues | | | | | |
| Other requirements: | | | | | |

The APPLES Service-Learning program is a student-led program at the University of North Carolina at Chapel Hill engaging students, faculty and community agencies in service-learning partnerships. Our goal is to foster socially aware and civically involved students through participation in an enriched curriculum and hands-on experiences that address the needs of North Carolina communities.

APPLES participants commit to the following:

- Keep a regular schedule three to five hours of service per week for 10 weeks
- Seek to serve and learn in the community by being prepared, open and responsible
- Be sensitive to the populations you may be serving by understanding their experiences, strengths and challenges
- Exhibit professional behaviors at all times
- Respect organization confidentiality, rules and expectations
- Communicate with your APPLES supervisor, instructor or the APPLES program any questions or challenges

| Expectations: Describe the expectations of performing the ser | rvice throughout the semester. |
|---|---------------------------------|
| Service Outcomes: Describe the service tasks planned for the | semester. |
| Learning Outcomes: 1) List skills, knowledge or understanding to be developed thro | ough the semester. |
| 2) How will you link your service to the course? How will you l | ink your course to the service? |
| Student's signature | Date |
| Supervisor's signature | Date |
| Professor's signature | Date |



Choosing a Community Partner

| Student name: |
|---|
| Things to Consider When you are choosing your top three choices, keep in mind the following: What hours do you have free? Which weekdays give you a consistent period of time that you can devote to your community partner? What special skills do you have? Do you speak Spanish? Are you a good writer? Do you have a talent for working with kids? Do you have strong computer or research skills? |
| Choose Your Top Three Community Partners Consider which of the opportunities work best for you. In the space below, write the three community partner and volunteer positions that you are most interested in. For each, please explain your interest in that opportunity as well as skills you have (or want to develop) that apply to the specified project. |
| Choice #1 |
| Choice #1: Why are you interested in this community partner and position? |
| What do you hope to get out of this community partner and position? |
| Do you have special skills that you can offer this community partner and position? |
| Choice #2: |
| Choice #2: Why are you interested in this community partner and position? |
| What do you hope to get out of this community partner and position? |
| Do you have special skills that you can offer this community partner and position? |
| Choice #3: Why are you interested in this community partner and position? |
| What do you hope to get out of this community partner and position? |
| Do you have special skills that you can offer this community partner and position? |



Service-Learning Time Log

| Student name | | Phone | Email |
|-------------------|----------|--------------------------|-------|
| Course name | | Professor's name | |
| Organization name | | | |
| Supervisor's name | | Supervisor's phone | |
| Start date | End date | Scheduled days and hours | |

| WEEK | MON | TUE | WED | THU | FRI | SAT | SUN | TOTAL | VERIFIED |
|------|-----|-----|-----|-----|-------|---------|---------|-------|----------|
| 1: | | | | | | | | | |
| 2: | | | | | | | | | |
| 3: | | | | | | | | | |
| 4: | | | | | | | | | |
| 5: | | | | | | | | | |
| 6: | | | | | | | | | |
| 7: | | | | | | | | | |
| 8: | | | | | | | | | |
| 9: | | | | | | | | | |
| 10: | | | | | | | | | |
| | | • | • | | TOTAL | SEMESTE | R HOURS | | |

I certify that the service hours indicated above are accurate.

| Student's signature | Date |
|------------------------|------|
| Supervisor's signature | Date |
| Professor's signature | Date |