SERVICE LEARNING
STUDENT PACKET

Forms:
- Service Learning Application
- Release of Liability
- Hourly Report
- Agency Evaluation of Student
- Reflection Outline

Process for Service Learning Project

☐ Visit with instructor about your service-learning project to get approval.

By 4th week of semester submit:
☐ Completed Service Learning Application. Student completes student information and information about the agency/organization. Agency site supervisor signs approval. Your instructor will complete the bottom of the form if this meets with his/her approval and submit to Service Learning coordinator.
☐ Signed Release of Liability.

Service Learning Project:
☐ Minimum of 20 hours of volunteer service must be documented.
☐ Keep track, and have hours served verified by site supervisor (Student Service Learning Hourly Report).
☐ Provide Agency Evaluation of Student to site supervisor for completion at end of project.

No later than the 14th week of the semester submit to instructor:
☐ Completed Hourly Report
☐ Reflection Paper or other approved “end-of-project” assignment

- Agency Evaluation of Student must be received by the Service Learning coordinator to verify student completion of project.
Service Learning Application

Step 1:
Student Information - Please fill out Student Information before printing.

Student Name ___________________________________________ Student ID # or SSN ____________________

Phone Number ______-______-_________ E-mail ______________________________________________________

Approximate Graduation Date (mm/yyyy) _____________________________________________________________

Step 2:
Service Learning Placement Confirmation Agreement - Please print legibly.

Contact Person/Supervisor _____________________________________________________________

Agency Name _____________________________________________________________

Mailing Address ___________________________________ City _______ State _____ Zip _______

Phone ___________________ FAX ___________________ E-mail __________________________

The agency agrees to provide the student with on-site supervision and agrees to and will uphold the terms of this placement.

Approved by:
Supervisor’s Signature ___________________________________ Date ___________________

Step 3:
To be completed by the college professor:

Course Title ___________________________________________ Course Number ____________________________

Section Number _______ Semester ___________ Division __________________________

Approved by:
Instructor’s Name ___________________________ Signature ______________________________________

Step 4:
Student: Return completed form to Professor for approval before you start your service learning.

RETURN APPROVED FORM TO:

Rene Hurst | BT Building, Room 105
(405) 945-3269 | hurstn@osuokc.edu

(Rev. 1-13)
OSU-Oklahoma City Release of Liability

I, _____________________________, am voluntarily entering into this release as part of my application for the Service Learning Program for _____________ term and I agree to the terms set forth below.

Semester Year

I understand that the purpose and effect of this Release of Liability is to release and insulate OSU-Oklahoma City, its agents, employees, representatives, and assigns from and against any claims, suits, or causes of action for injuries, death, damage, loss or expense incurred by or caused by me during my participation in the Service Learning Program, caused or resulting from my negligence, or the negligence of any other person, group, or entity, whether intentional or unintentional.

I agree to accept full responsibility for, and I do hereby intentionally release the College, its agents, employees, representatives, and assigns from and against any claims, suits or causes of action for injury, death, damage, loss or expense incurred by me at any time resulting from or related to the Service Learning Program, as a result of any act or omission to act by OSU-Oklahoma City, its agents, employees, representatives, and assigns which directly or indirectly caused or contributed to injuries, death(s), losses and expenses, even though said act or omission to act constituted negligence or other culpable conduct of or attributable to, the College in any respect, including, without limitation, lack of improper supervision, or breach of any statutory or regulatory duty or obligation. I hereby agree that this Release of Liability shall be binding upon my heirs, executors, administrators and assignees at law, and shall be governed and interpreted in accordance with the laws of the State of Oklahoma.

It is understood that the College reserves the right to cancel, modify or terminate the Service Learning Program if, in its sole judgment, conditions so dictate.

I have read the foregoing Release of Liability and fully understand the contents thereof.

________________________________________________________________________
Date

________________________________________________________________________
Witnessed by

Address of Witness ________________________________________________________

________________________________________________________________________
Print Full Name of Student

________________________________________________________________________
Signature of Student

Indemnification by Parent if Student is a Minor

I understand that in the event my child or any other party contemplated by this Release of Liability initiates or attempts to initiate a claim or cause of action of any kind whatsoever, that I will indemnify and hold harmless OSU-Oklahoma City, its agents, employees, representatives, and assigns from any liability resulting there from, including damages, costs, and related fees.

________________________________________________________________________
Date

________________________________________________________________________
Print Full Name of Parent/Guardian

________________________________________________________________________
Witnessed by

Address of Witness ________________________________________________________

________________________________________________________________________
Signature of Parent/Guardian
Service-Learning Agency Evaluation of Student

To be completed by the Agency/Organization/Individual who supervised the student:

Student’s name:__________________________________________________________

Professor’s name_______________________________________________________

Supervisor’s name_______________________________________________________

Agency/Organization_____________________________________________________

On a scale of 0-5 ("5" representing the highest approval rating) please rate the service-learning student in the areas listed below by placing an “X” in the appropriate box.

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Additional Comments:

________________________________________________________________________

________________________________________________________________________

Date: _____________________________ Signature_______________________________

Please complete as soon as possible to aid student for semester completion requirements

Return to:  Rene’ Hurst
            OSU-Oklahoma City
            900 N Portland
            Oklahoma City, OK  73107
            Email: hurstn@osuokc.edu     Phone: 405.945.3269     FAX: 405.945.6754
Student Service-Learning Hourly Report

Students, please use this form to record the number of hours that you serve and learn. When you have completed either your service-learning project or appropriate hours set-up by your instructor, please turn this form into your instructor. *

Student’s name:__________________________________________

Professor’s name________________________________________

Supervisor’s name________________________________________

Agency/Organization_______________________________________

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*Attention Professors:
Please return this form with Agency Evaluation to Rene Hurst, Business Technologies, room 105. This is important for record keeping/award certificates.
Reflection is the final requirement for completing service learning.

Writing about your experiences for your instructor and/or the service learning office, creates meaning from service. The reflection you produce is how your instructor will be able to see what learning has occurred during your service.

If your instructor has given you a specific reflection guide to use, please use that guide. If your instructor does not give you a specific guide, please use the guide below to discuss your experience in an essay of 3-5 pages.

Service Learning Reflection Guide

- Your name
- Service site
- What was the community need that your service helped meet?
- How did your service help meet that goal?
- What were the best things you learned/did during your service?
- What were the challenges you had to meet during your service? How did you meet them?
- What did you learn about your value to your community?
- Did the service you performed help or change anything in you?
- If your thinking/opinion of community service changed during the semester, how?
- What was the competency or skill standard you selected as your goal for learning?
- Will you continue to serve in the community? How?
VIDEO/RECORDED VOICE/PHOTOGRAPHY RELEASE

I hereby give and grant to the Oklahoma State University - Oklahoma City the video/recorded voice/photographs, in which I appear, including the right to edit or use a portion of such video/recorded voice/photographs that positively promotes the image and benefits of education through educational, trade materials and/or the Oklahoma State University web site.

I hereby waive any right, to inspect or approve the finished video/recorded voice/photographs, or any finished materials, copy or other matter, which may be used in conjunction with, or the manner in which any of the same are used, reproduced, published, or displayed.

I further release the Oklahoma State University from any liability whatever that may occur or be produced in the taking, reproducing, publishing, showing, or displaying of said video/recorded voice photographs, and agree that the Oklahoma State University - Oklahoma City shall be the owner of the photographs and all rights to them, may copyright the video/recorded voice/photographs in its own name, and may grant to others permission to use them.

I further understand that I am not to receive payment for said video/recorded voice/photographs and that these video/recorded voice/photographs will not discredit or distort my person in any way.

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<th>NAME</th>
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If the above named person is a minor, the parent or guardian shall consent to the above authorization and release by signing below

| SIGNATURE | DATE |
| STUDENT NAME |

Rene’ Hurst
CIS Associate Professor
Service Learning Coordinator
Oklahoma State University- OKC
900 N. Portland Ave
Oklahoma City, OK 73107
405.945.3269 office 405.945.6754 fax