# *Center for Community & Civic Engagement*

Mesa Community College

MESA COMMUNITY COLLEGE

## *Group Information & Forms*


***MCC at Southern & Dobson***
***KSC 35S, Lower Level***
***(480) 461-7393***

**MCC at Red Mountain**
**Palo Verde Bldg., Room 213**
**(480) 654-7821**

**MCCServes.org – listing of one shot or short term projects**
servicelearning@mesacc.edu
www.mesacc.edu/getengaged
Facebook: MCC Service-Learning


### Service-Learning at MCC

A teaching and learning method that connects meaningful community service with academic learning through guided reflection. Areas of focus include:

- Critical Thinking and Problem Solving
- Values Clarification
- Career Exploration
- Social and Personal Development
- Civic and Community Responsibility

It also:

- Connects academic knowledge with experiential education
- Offers valuable hands-on experience
- Provides credit to students for service activities
- Supports community building efforts

### Telephone Protocol for College Students

When arranging your placement be mindful of how busy the agency staff can be and try to be patient. Below you will find some helpful procedures when contacting your agency representative. Remember to take along your Placement Confirmation Form when you visit the agency for your interview.

1. Identify yourself as a Mesa Community College student.
2. Clearly state potential dates that the group can meet to conduct an interview.
3. Tell them your instructor's name and the course title of the class you are taking.
4. If you leave a voicemail message, state the following:
   - Who the message is for
   - Your name
   - Your phone number
   - The hours during which you can be reached
   - The date you would like to begin
5. Be polite! Remember, you are representing Mesa Community College.
6. Leave appropriate lead-time for them to contact you.

Good luck and enjoy your service experience!!!

### Why would I want to participate in Service-Learning?

- HANDS ON LEARNING!
  Learn in a professional community setting, outside of the classroom environment.
- MAKE A DIFFERENCE!
  Give back to your community. Change the world through your touch upon the lives of others...One life at a time!
- NETWORK! NETWORK! NETWORK!
  Service-Learning is work experience! Meet people in your career field who will get to know you and support your professional growth.
- COMMUNICATE!
  Sharpen your communication skills! Learn the workplace interaction skills most desired by employers in your career area.
- BRIGHTEN YOUR FUTURE!
  Service-Learning is a career experience! Work in the field you would like to pursue after graduation. Try your career on for size.
- MARKET YOURSELF!
  Planning to further your higher education? Colleges, Universities and employers look for Service-Learning and community service among their top applicants.
- STRENGTHEN YOUR RESUME!
  Use your Service-Learning involvement as work experience or volunteer experience -- it's your choice.

# Group Placement Confirmation Form & Agreement of Conduct

**STUDENTS: Make copies for yourself, your MCC instructor(s) and agency supervisor as needed *(Submit original forms, to your Service-Learning Assistant or the Center for Community & Civic Engagement)***

**Return completed original form to Service-Learning Assistant CCCE by _____.**

| Name | Student ID | MEID |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Semester: ☐ Fall ☐ Spring ☐ Summer Academic Year: _____

Campus: ☐ Southern & Dobson ☐ Red Mountain ☐ Online

SL Course (*e.g. COM 100*): _____ Section # (*e.g., 1510*): _____

SL Instructor: _____ Days/Time: _____

Agency: _____

Agency Supervisor: _____ Title: _____

Agency Address: _____ Agency Phone: _____

**Preflection** – Prior to going to the agency, as a group please answer the following questions:

1. Why did we choose this placement site? _____

_____

2. What do we want to gain from this experience? _____

_____

**Hours Required** (if applicable): _____ **Start Date:** _____ **End Date:** _____

**Group Project** – With the agency representative, define what project(s) the team will focus on that meet the course assignment

_____

_____

_____

_____

Days & Times of Service: _____

*See Reverse Side – Students! Complete the Experiential Education Assumption of Risk & Release of Liability Form*

SLA: _____ Date Submitted: _____ Entered into Database: ☐

# AGREEMENT OF CONDUCT FOR SERVICE-LEARNING STUDENTS

Since MCC students represent themselves, the college and the Center for Community & Civic Engagement when placed in local schools and service agencies, the highest standards of professionalism and responsibility are expected. Compliance with the following expectations and responsibilities for professional conduct is required of all participants. I understand it is my responsibility to:

- Complete all required steps for complete and confirmed placement including making initial contact with my agency, and completing and submitting confirmation paperwork by the due date.
- Communicate with my agency supervisor about connections to course competencies to be met as a result of my service-learning experience and about appropriate options for active involvement.
- Comply with all rules, processes and policies of the site in regard to interns and/or volunteers. I understand the importance of signing working in view of supervisor for my safety and the safety of those with whom I will be working with.
- To accept the role of a "professional" in regards to: committing to scheduled visits, reliable attendance, appropriate attire (conservative), and mature communication. I understand that visible tattoos, body piercings, and unnatural hair color may not be appropriate.
- Meet all target dates established by my instructor for placement, completed program paperwork, reflection journal entries, final project, and other course-related assignments and activities. I understand that being late or missing target dates may result in grade related consequences.
- Make immediate contact with my agency supervisor in the event that I am unable to complete the service-learning.
- Bring to the attention of my instructor any difficulties in meeting the expectations for the service-learning project as outlined here and in class.

**The undersigned have read and accept the terms of this confirmation and agreement form.**

*I agree to accept this student from Mesa Community College (MCC) and provide adequate supervision and training at this Service-Learning Placement Site. I understand that we, the Agency Partner, are responsible for screening applicants as needed to determine suitability. Further, we, the Agency Partner, understand MCC does not screen any of its students. MCC and the Center for Community & Civic Engagement serve as a referral site for service-learning projects.*

_____ _____

**Agency Supervisor's Signature** Date

**ATTENTION! If you communicate via email with your supervisor, please attach the confirmation email indicating placement/assignment. Either a signature or confirmation email is required!!!**

*As a group, and a student, committed to this service-learning component of my class, We/I agree to devote the necessary time needed to the fulfillment of the service objectives and to meet the academic requirements and expectations of this service-learning experience.*

_____ _____

**Student's Signature** **Student's Signature**

_____ _____

**Student's Signature** **Student's Signature**

_____ _____

**Student's Signature** **Student's Signature**

| R<br>E<br>A<br>D | ~ Submit one (1) Group Confirmation Form and Agreement of conduct per group!<br>~ Submit one (1) Assumption of Risk and Release of Liability per person!<br>~ Submit one (1) Group Service-Learning Contact log per group!<br>Submit completed forms to your Service-Learning Assistant (SLA) or the CCCE. |
|---|---|

SLA: _____ Date Submitted: _____ Entered into Database: ☐

MARICOPA COUNTY COMMUNITY COLLEGES

# MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT

2411 West 14th Street, Tempe, AZ 85281-6942

# EXPERIENTIAL EDUCATION ASSUMPTION OF RISK & RELEASE OF LIABILITY

*For Students*

***Caution: This is a release of legal rights. Read and understand it before signing.***

The Maricopa County Community College District is a public educational institution. References to College ("College") include all of the Colleges within the Maricopa County Community College District ("MCCCD"), its officers, officials, employees, volunteers, students, agents, and assigns.

I _____, will be participating as a experiential education student at _____ (henceforth referred to as the "Program") from _8/24/15_ to _12/17/15_.

In consideration of my participation in this Program, I agree as follows:

**RISK OF PROGRAM ACTIVITIES**: I understand that my participation in the College Program specified above involves risks of physical harm and injury inherent in service activities including, but not limited to, working with people, participating in sports and recreation activities, cleaning and maintenance projects, preparing and serving food, and other service activities.

**INSTITUTIONAL ARRANGEMENTS**: I understand that College is not an agent of, and has no responsibility for, any third party that I may provide any Program services to. I understand that College provides guidance and facilitates my Program activities only as a component of my experiential education experience and that accordingly, College accepts no responsibility, in whole or in part, for loss, damage or injury to persons or property whatsoever, caused to me or others while participating in the Program. I further understand that College is not responsible for matters that are beyond its control.

**INDEPENDENT ACTIVITY**: I understand that College is not responsible for any loss or damage I may suffer when I am doing Program activities and that College cannot and does not guarantee my personal safety. In addition, I specifically acknowledge that in performing Program activities, I am doing so independently in the status of student of the Program I choose, and not as an employee, or agent of College. I further waive any and all claims which may arise from such Program activities, acknowledge that workers' compensation benefits are not provided to me in my capacity as a student, and hold College harmless from any of my negligent acts. I further state that I am not in any way an employee of College in any capacity.

I further agree that I am solely responsible for my own equipment, supplies, personal property, and effects during the course of Program activities.

In addition, I agree that if I drive or provide my own motor vehicle for transportation to, during, or from the Program site, I am responsible for my own acts and for the safety and security of my own vehicle. I accept full responsibility for the liability of myself and my passengers, and I understand that if I am a passenger in such a private vehicle, College is not in any way responsible for the safety of such transportation and that College's insurance does not cover any damage or injury suffered in the course of traveling in such a vehicle.

**HEALTH AND SAFETY**: I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any.

I understand that I may be required to pay up front for my medical expenses that I incur while participating in this Program. Further, I understand that I am responsible to submit any medical receipts to my insurance carrier upon my return. I recognize that College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship between the MCCCD and me. I release the MCCCD, its officers, officials, employees, volunteers, students, agents and assigns from all liability for any bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in Program, as well as any medical treatment decision or recommendation made by an employee or agent of the MCCCD. I agree to pay all expenses relating thereto and release College and MCCCD from any liability for any actions.

Participating in any activity is an acceptance of some risk of injury. I agree that my safety is primarily dependent upon taking care of myself. I understand that it is my responsibility to know what personal equipment is required (such as footwear, clothing, and other personal protective equipment) and provide the proper personal equipment for my participation in the Program, and to ensure that it is good and suitable condition. I agree to ask questions to make sure that I know how to safely participate in the Program activities, and I agree to observe the rules and practices which may be employed to minimize the risk of injury while participating in the Program activities. I agree to reduce the risk of injury to myself or others by limiting my participation to reflect my personal fitness level, wearing the proper protection as dictated by the activity, not wearing anything that would pose a hazard in the performance of the activity, not ingesting or using any substance during the activity which could pose a hazard to myself or others. I agree that if I fail to act in accordance with this agreement that I may not be permitted to continue to participate in the activity.

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY**: I understand that I may be injured and lose or damage personal property as a result of participation in the Program. Therefore, I assume all risks related to the Program activities. Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend College and MCCCD and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Program.

**SIGNATURE**: I indicate that by signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Agreement and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Agreement shall be governed by the laws of the State of Arizona which shall be the venue for any lawsuits filed under or incident to this Agreement or to the Program. If any portion of this Agreement is held invalid, the rest of the document shall continue in full force and effect.

_____ _____

Signature of Program Participant Date

_____ _____

Signature of Parent or Legal Guardian (if student is a minor) Date

MESA COMMUNITY COLLEGE

# GROUP SERVICE-LEARNING CONTACT LOG

MESA COMMUNITY COLLEGE

GROUP MEMBER'S NAMES: _____

MCC INSTRUCTOR: _____ MCC CLASS NAME: _____ DAY/TIME: _____

SERVICE-LEARNING ASSISTANT: _____ SUBMITTED: _____

CAMPUS: ☐ Southern & Dobson ☐ Red Mountain ☐ Online

AGENCY SITE: _____

AGENCY SUPERVISOR: _____ PHONE #: _____

**Group members, please complete the information outlined below for each group member. Print Legibly!!!**

| Group Members Name | Duties/Projects by Group Member | Date(s) Served | Timeframe Served (i.e. 1:00pm to 3:00pm) | Total Hours Served (i.e. 2) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

*I certify the above students completed the project(s) and hours as outlined above.*

NOTE: Submit one (1) log per group

_____

Agency Supervisor's Signature Date

★★★ Supervisors, please complete reverse side! ★★★

# GROUP EVALUATION

Thank you for taking the time to supervise and mentor our students. We appreciate your invaluable contribute. Please take a few moments to complete this evaluation and provide any comments you wish.

*Please rate this group accordingly, provide brief explanation when necessary, and make specific positive comments on the motivation, interpersonal skills, work ethic, and other skills or attributes you have observed.*

| This group. . . | Excellent | Good | Undecided | Fair | Needs Improvement |
|---|---|---|---|---|---|
| *Worked well as a team* | 5 | 4 | 3 | 2 | 1 |
| *Worked well with agency employees and clients* | 5 | 4 | 3 | 2 | 1 |
| *Took initiative, "jumped right in" as appropriate* | 5 | 4 | 3 | 2 | 1 |
| *Was actively engaged in appropriate service activities* | 5 | 4 | 3 | 2 | 1 |
| *Exhibits a positive and cooperative attitude* | 5 | 4 | 3 | 2 | 1 |
| *Attended as expected and was on time* | 5 | 4 | 3 | 2 | 1 |

COMMENTS: _____

_____

_____

_____

_____

_____

**AGENCY SUPERVISOR'S SIGNATURE:** _____ **DATE:** _____

★★★ Supervisors, please complete reverse side! ★★★