Service-Learning
Independent Course Enrollment Packet

Thank you for taking the time to consider registering for an academic credit service-learning class at Mesa Community College! You will need to fill out the attached forms before you will be ready to enroll in the course. If at any point you need assistance with the registration process, please feel free to contact the Center for Service-Learning. Our staff will be happy to assist you.

Course Enrollment Steps

1. View the Independent Module Orientation at www.mccservicelearning.org/orientations
   It explains the core requirements of the class in detail and is the pre-requisite for registering!

2. Select an academic department in which to receive the credit: __________________________
   Service-Learning courses are offered in more than 30 academic areas, you pick the area you want to receive the credit, usually your academic major!

3. Contact a faculty advisor, from our approved list, to obtain their consent and discuss class requirements
   Your faculty advisor must be in your academic interest area. Every service-learning class is unique, it is best to discuss your learning plan and goals before you get registered!

4. Select a MCC approved agency to do your service at: __________________________
   YOU MUST SERVE AT AN APPROVED SERVICE SITE: Visit http://www.mccservicelearning.org/database.html for our online database of service sites you can choose from.

5. Complete Student Service-Learning Agreement & Assumption of Risk Forms
   Once you are registered for a service-learning class you have 3 days to decide if it is what you want. Make sure you have everything in place!

6. Return ALL paperwork to the Center for Service-Learning & register
   Please do not register for a Service-Learning class anywhere but in the Center for Service-Learning!

Faculty Advisor Recommendation

Faculty Advisor Name __________________________ Email Address __________________________ Phone __________________________ Room Number __________________________

IMPORTANT: KEEP THE COVER PAGES FOR YOUR INFORMATION
RETURN THE COMPLETED FORMS INSIDE TO THE CENTER FOR SERVICE-LEARNING TO BE ENROLLED IN YOUR CLASS

Center for Service-Learning

The mission of the Center for Service-Learning is to promote excellence in teaching and learning through active service. We collaborate with the community, encourage servant leadership, promote personal growth, and foster civic and social responsibility.

Southern & Dobson Campus
Kirk Student Center, Building 35
(480) 461-7393
Email: servicelearning@mcmail.maricopa.edu
Visit us online at: www.mccservicelearning.org

Red Mountain Campus
Palo Verde Building, Room 213
(480) 654-7821
Facebook: MCC Service-Learning
SERVICE-LEARNING COURSE ENROLLMENT PROCESS

Your initial step is complete our brief online orientation regarding the enrollment procedures, and to learn all the details of the course expectations prior to enrolling in the course.

After the service-learning orientation has been completed, you should contact an approved service-learning faculty advisor in your academic discipline. This meeting is an important step, as the faculty advisor will be grading you on the academic work that is required. A list of service-learning faculty advisors is located in the online orientation.

Prior to enrolling, it is also your responsibility to select and meet with the community site supervisor you wish to work with in order to determine the scope of the service you will be performing while engaged as a service-learning student. Visit our online agency partner database on our department website to search for your service site. You must serve at an MCC approved community agency. If the site you want to serve at isn’t listed, ask our staff for options.

Once these steps have been completed, and the enclosed Service-Learning Class Enrollment and Assumption of Risk Forms have been completed, you can then return to the Center for Service-Learning in order to register for 1, 2, or 3 credit hour, open entry/open exit class, based on 50 hours of service per credit hour.

For complete information be sure to download a copy of the Student Guide: Service-Learning as an Independent Class from our website during the orientation.

TIPS ON CONTACTING A COMMUNITY AGENCY:

Below you will find some helpful information on contacting a service site.

1. Prior to contacting an agency, determine how many hours a week you have to serve. How many weeks/months will it take you to achieve your service goal? What kind of service project are you interested in? If you have a preference, be sure to tell it to the agency!

2. Finding an agency to serve at may seem challenging, but don’t let that stop you from looking. Ask the Center for Service-Learning, or your faculty advisor for recommendations.

3. Once you’ve made your agency selection. We recommend that you call the contact person and identify yourself as an MCC student looking for a service-learning placement with their agency. When arranging your placement keep in mind of how busy non-profit and government agency staff can be and try to be patient.

4. Clearly state the number of hours you get to complete, and tell them how many hours a week you have available to serve with them.

5. If you leave a voicemail message, we recommend that you speak clearly and slowly, tell them your name, your phone number, the hours you can be reached, and the rest of the information described above.

6. Remember to bring your Service-Learning Class Enrollment Packet with you when you interview at your agency.

HONORS STUDENTS AND SERVICE-LEARNING:

To graduate from the Honors Program at MCC the honors student must meet all the same academic conditions for graduation, as well as, fulfill the following program requirements:

- Earn a minimum of 15 credits of Honors Classes and,
- Complete a one-credit service-learning class

The service-learning class can either be taken for Honors level credit OR as a regular credit service-learning course. In order for a student to receive honors level credit for their service-learning class, the Honors Department requires students to commit to an extra activity. Complete information is available in the online orientation.

To learn more about the Honors Program, the Honors Office is located on the south side of the MCC campus, in the Social and Cultural Sciences building (SC14) or call them at 480-461-7079.

LOOKING FOR MONEY TO PAY FOR SCHOOL?

Consider enrolling in the MCC AmeriCorps program. AmeriCorps is a national service program, designed to meet the nation’s critical needs in areas of education, public health and safety, as well as general community strengthening. Earn money to pay for school or pay back qualified student loans. Visit the Center for Service-Learning for a schedule of the informational orientations.

IMPORTANT: RETURN THE COMPLETED FORMS TO THE CENTER FOR SERVICE-LEARNING TO BE ENROLLED IN YOUR COURSE.
SERVICE-LEARNING CLASS ENROLLMENT FORM

STUDENT INFORMATION

Student’s Name ____________________________________________

Student ID [Note: your social security number] ________________________________

Student’s Address ____________________________________________

City ______________________ State ______________________ Zip __________

(____)_________ (____)_________ (____)_________ Home Phone Work Phone Cell Phone

Primary Campus: Southern & Dobson Campus [ ] Red Mountain Campus [ ]

OTHER: ______________________________________________________ [ ]

Your Academic Major: ____________________________________________

Please Check if Applicable: Honors Student [ ] If so, are you doing this class for honors level credit? Yes [ ] No [ ]

ACE Student [ ] (ACE student, please notify the ACE Office when you have been registered)

STUDENT AGREEMENT

As a student committed to a service-learning component in my education, I agree to devote ______ hours per week for the time period from ______ / ______ (MM/DD/YR) to ______ / ______ (MM/DD/YR) in the fulfillment of the service objectives described above to meet academic requirements of this service-learning experience. Further, I understand this is an academic credit class, and I will ensure payment for any course fees I owe due to the result of enrollment in this course.

__________________________________________________________

Student Signature __________________________ Date ______________

__________________________________________________________

Parent Signature (if student is under 18) __________________________ Date ______________

MCC FACULTY ADVISOR AGREEMENT

I have examined _____________________________________________’s learning plan (described below) and find it satisfactory.

Upon my evaluation of ___________________________________________ and other classroom requirements (if any), I will award ______ credit(s) for the service-learning class ___________________.

__________________________________________________________

Faculty Signature __________________________ Date ______________

__________________________________________________________

Faculty Printed Name __________________________________________

COURSE LEARNING OBJECTIVE & RELEVANCE

Please describe below (1) your principle learning objectives for this project (i.e. knowledge/understanding/skills you wish to gain/develop), (2) the significance of your learning objective (i.e. why you wish to learn this), and (3) the implementation methods you will use to achieve your learning objective. (i.e. specific activities by which you will accomplish your learning objective. How does this relate to your academic interests?)

__________________________________________________________

__________________________________________________________

__________________________________________________________

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SERVICE-LEARNING COURSE INFORMATION

Year 20_______ Fall [ ] Spring [ ] Summer Session I [ ] Summer Session II [ ]

Number of Credit Hours: 1 2 3 (circle one)

(1 credit=50 contact hours)

Course Prefix & Number __________________________ Class Number ____________ (This will be completed for you if you don’t know)
SERVICE-LEARNING CLASS ENROLLMENT FORM

SERVICE LOCATION INFORMATION
MUST BE AN MCC APPROVED SERVICE AGENCY (if the agency you want to serve at is not in our database, you may NOT enroll)

______________________________________
Agency Name (as it appears in the MCC online agency database)

(_____) __________________________ (_____) __________________________
Telephone Fax

Supervisor, Include Title
E-mail address

______________________________________
Agency Address
City State Zip

As supervisor to ____________________________, I hereby agree to guide his/her work done under my direction (as outlined below), and to submit a final evaluation of the student’s work

SERVICE OBJECTIVE

Student, after discussing this with your agency supervisor, please describe the service objective you intend to pursue in this project and the implementation methods you will use to achieve your service objective. Remember, your service must relate to the discipline you want to get the service-learning credit in.

Service Objective: (What service are you doing at the agency? What have you agreed to do as a volunteer with the agency?)

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Implementation: (How will you achieve your service objective? Did you and the agency determine specific objectives?)

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

DISCLAIMER:
The Agency shall provide the Student with safe working conditions within which to provide the Services. The Agency shall not direct or permit Students to undertake activities that may be risky or inherently dangerous. The Agency shall provide sufficient instruction to the Students so that the Services provided meet both the Student’s need to learn and the Agency’s service needs. At the College’s request, the Agency shall provide the College with a written evaluation of the Services that each Student provides. The Agency agrees that Students accepted by the Agency for Service will in no manner be considered employees, agents, or volunteers of the College, and that the Service relationship which is established will be solely between the Agency and the Student.

______________________________________
Agency Supervisor Signature Date

SERVICE LEARNING OFFICE USE ONLY

RETURN COMPLETED FORMS TO THE CENTER FOR SERVICE-LEARNING TO REGISTER!
Kirk Student Center, Southern & Dobson Campus ~ PV213, Red Mountain Campus
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 ("District"), its officers, officials, employees, volunteers, students, agents, and assigns.

I, ______________________________________________, will be participating as an experiential education student at ____________________________________ (henceforth referred to as the “Program”) from ________________ to ________________.

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 Service-Learning Class Contact Log

Student: Make sure this form is completed and returned to your service-learning faculty advisor as proof you have completed your hours.

<table>
<thead>
<tr>
<th>Date of Visit</th>
<th>Time In</th>
<th>Time Out</th>
<th>Brief Description of Service, Responsibility or Activity</th>
<th># of Hours</th>
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STUDENT SIGNATURE: ____________________________  DATE: ______________

AGENCY SUPERVISOR SIGNATURE: ____________________________  DATE: ______________

When completed with your service, submit a copy to the Center for Service-Learning for a certificate of completion.
Mesa Community College Service-Learning Class Student Evaluation Form

Student: Make sure this form is completed and returned to your service-learning faculty advisor as proof you have completed your hours.

**STUDENT:** ________________________  **STUDENT ID:** ________________________  **HOURS REQUIRED:** ________________________

**PHONE #:** ________________________  **ADDRESS:** ________________________  **CITY/ZIP:** ________________________

**SERVICE-LEARNING FACULTY ADVISOR:** ________________________  **SERVICE-LEARNING COURSE:** ________________________

**AGENCY NAME:** __________________________________________________________________________  **CITY/ZIP:** ________________________

**AGENCY ADDRESS:** ______________________________________________________  **CITY/ZIP:** ________________________

**AGENCY SUPERVISOR:** ________________________________________________  **PHONE #:** ________________________

### STUDENT EVALUATION

To be completed by agency site supervisor after service hours have been completed.

*Please rate this student 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 student. . .**

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Outstanding</th>
<th>Good</th>
<th>Fair</th>
<th>Needs Improvement</th>
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<tr>
<td>Works well with agency employees and clients</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<td>Takes initiative, “jumps right in” as appropriate</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>1</td>
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<td>Is actively engaged in appropriate service activities when possible</td>
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<td>4</td>
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<td>Exhibits a positive and cooperative attitude</td>
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<td>4</td>
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<td>Attends as expected and is on time</td>
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<td>4</td>
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**COMMENTS:**
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

**AGENCY SUPERVISOR’S SIGNATURE:** __________________________  **DATE:** ________________  **TOTAL HOURS:** ________________