Students! If you are submitting this packet to add an agency or school, please complete the information below.

Name: ____________________________________________

Phone Number: ____________________________________

Alternative Phone Number: __________________________

Email Address: _____________________________________

Thank you!
Dear Agency Representative,

The Maricopa County Community College District (MCCCD) is a public education institution with ten colleges: Chandler-Gilbert, Estrella Mountain, Gateway, Glendale, Mesa, Paradise Valley, Phoenix, Rio Salado, Scottsdale, and South Mountain. Mesa Community College (MCC) is committed to making a difference in the community by encouraging students to learn first-hand about possible educational opportunities and career ventures. Our mission is to also prepare our students to become active citizens, and we would like to ask for your assistance in helping to achieve this.

As part of the curriculum in some college classes, students are asked to participate in a service-learning project. Students may also register for the independent service-learning class. In these field experiences, students select an agency that relates to their career interest, social issue, or theme that is studied in the course. This enables students to learn about these issues firsthand by serving at that agency. You are invited to become one of MCC’s service-learning partners and participate in our programs.

In this packet you will find information explaining MCC’s Service-Learning programs. If you are interested in becoming one of our service-learning partners, please complete and return original copies of these forms:

- MCCCD Experiential Education Partnership Agreement (if not signed already)
- Understanding of Expectations (completed by all agencies)
- Service-Learning Agency Information Form (completed by all agencies)

It is important that the original forms, signed by someone with legal authority for your agency, be returned as soon as possible in order for students to serve at your agency (please note that individual schools can not enter into this agreement on behalf of their school district). In addition to the forms listed above, each agency must submit a certificate of insurance (details listed in the “Needed Documents Checklist” section). If you want to check to see if your agency has already signed the MCCCD Experiential Education Partnership Agreement, visit the district website at: http://www.maricopa.edu/legal/search_eepa/index.html. Please be as detailed as possible about the experiences your organization can provide to our students. If you need more information about our programs, please visit our website at: www.mccservicelearning.org. Our department functions as a referral agency, not a placement agency, so it is important to know that a student(s) placement is not a guarantee. Once we have the needed documents, your agency may be placed in the district database as well as in our online database.

The Maricopa County Community College District and Mesa Community College looks forward to partnering with your agency and being able to provide educational opportunities for our students as well as provide service to the community through your agency. If you have any questions, please call (480) 461-7763 or email at drhodes@mesacc.edu.

Sincerely,

Dawn M. Rhodes
Program Specialist

Duane D. Oakes
Faculty Director
OUR SERVICE-LEARNING PROGRAM

Our Vision
Working together to prepare individuals to be engaged citizens

Our Mission
To promote excellence in teaching and learning through active service. We collaborate with the community, encourage civic leadership, promote personal growth, and foster social responsibility.

Service-Learning
Service-Learning is 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

The Center for Community & Civic Engagement provides students with educational opportunities in community service through placement in government agencies, educational entities, civic organizations, and advocacy groups. The Center also fulfills community needs, by maintaining and developing partnerships between college, student, and community, as well as providing assistance to faculty who are interested in developing service-learning components in their courses.

The service-learning options offered at MCC include:

- **One Shot Modules**: Faculty member incorporates a one-day service event into his/her class. Students generally serve between 3-6 hours.

- **Group Projects**: Integration of service-learning, with a group of 3-6 class members, into existing courses allows students to participate in community service as part of their normal curriculum in lieu of a class assignment, class presentation, research paper, or exams. Grading is typically based on quality of project and not the amount of hours completed.

- **In-Course Modules**: Integration of service-learning into existing courses allows students to participate in community service as part of their normal curriculum in lieu of a class assignment, class presentation, research paper, or exams. Service hours given to the community via these options average more than 15,000 hours per year. Requirements similar to those of the independent modules are adapted at the discretion of the faculty.

- **Independent Modules**: These have been offered to students since the fall of 1992. Approximately 200 students per year enroll in these classes, representing an average of 25,000 service hours to the community. Students can register for these internship-type courses for one, two, or three credits a semester. The courses are a blend of academic study and community service, under the supervision of a faculty member within the discipline. Core requirements include 50 service contact hours per credit hour, a learning plan, a reflective journal, an analytical paper and attendance to reflective sessions. Credit is given upon completion of the core requirements.

*For more information, visit our website at www.mccservicelearning.org*
EXPECTATIONS OF PARTICIPATING INSTITUTIONS

These expectations identify the responsibilities of organizations that desire the assistance of college service-learning students to assist paid staff. Revisions can be made by mutual agreement at any time.

I. Agency
- Complete the Understanding of Expectations, Service-Learning Agency Information form, and the MCCCD Experiential Education Partnership Agreement, and send a copy of the agency’s certificate of insurance that meets the MCCCD requirements.
- Interview each Service-Learning student to clarify the responsibilities of the specific placement, and place them appropriately within your organization.
- Authorize student placement by signing the Student Service-Learning Placement Confirmation form that will be brought by the student. The student, as notification of your acceptance, returns this form to us.
- Meet with service-learning students, and possibly their faculty supervisor, to review and further develop a comprehensive learning plan that contains a variety of objectives and activities. This plan, with the agency supervisor’s input, is necessary in order to provide the student with an overview of the scope of their work and learning opportunities at the agency, and to guide the student’s learning.
- Provide an orientation to Service-Learning students, effective to the special needs of the organization. Inform students of resources needed to perform their responsibilities (i.e. uniforms, activity supplies, office space). If extra costs are incurred by any of these, please inform the students prior to the start of their service.
- Provide appropriate supervision by a paid employee to all Service-Learning students. College students may not be placed in an environment that leaves them alone with children.
- Provide students with safe working conditions within which to provide services.
- Give appropriate recognition, appreciation, and reassurance to Service-Learning students.
- Comply with college policies on affirmative action, Americans with Disabilities Act and sexual harassment since the student’s work is considered to be an extension of his/her education, sponsored and supported by the college.

II. Agency Supervisor
- Comply with the agency expectations stated above.
- Assist the Service-Learning students in developing self-learning and effective skills.
- Complete and sign the final evaluation and return to the student. Any perceived inadequacy in student performance should be considered whenever possible as opportunities for growth. Unresolved conflicts should be discussed with the faculty supervisor, and if they are unavailable, the Center for Community & Civic Engagement.

III. Center for Community & Civic Engagement
- Refer students to the organization for placement.
- Monitor project activities of the organization to assess and/or discuss the needs of students and the project.
- Provide appropriate recognition, appreciation, and reassurance to Service-Learning students.
- Maintain ongoing relationships with organizations to facilitate cooperation and information sharing.

IV. Other
- Student Transportation: Service-Learning students are responsible for their own transportation.
- Separation from Service: Organization may request the removal of students at any time. MCC may recall a student if deemed necessary. Students may resign from service to the organization or from the program at any time.
- Restricted Activities: The organization may not request, assign, or permit students to conduct or engage in religious, sectarian or political activity unless s/he elects to on their own free will. Further students are restricted from instruction activities beyond their capabilities.
- Displacement of Employee: The organization may not assign Service-Learning students to any assignment, which would displace full-time employed workers or impair existing contracts for services.
- Amendments: This Agreement may be amended at any time in writing by the concurrence of both parties.

Please return the following to the Center for Community & Civic Engagement:
  1) MCCCD Experiential Education Partnership Agreement
  2) Understanding of Expectations
  3) Agency Information Form
  4) Certificate of Insurance
Please print or type the following information:

Agency/School Name: ________________________________________________________________

We would like to be considered as a placement agency with the Center for Community & Civic Engagement at Mesa Community College so that we will be able to receive the assistance of college students who engage in service-learning, volunteer, or co-curricular activities as a part of their academic coursework.

Service Agreement:

I. Agency

We, _________________________________________________ (agency), agree to accept the services of college student(s) who desire relevant experience in their chosen field of academic study or social concern. Further, we commit to the following:

1. To provide adequate information, training, and assistance for any college students placed with our agency to be able to meet the responsibilities of their position.

2. To ensure diligent supervisory aid to the students and to provide feedback on performance. We understand that college students may not be left alone with children.

3. To respect the skills, dignity, and individual needs of the students, and to do our best to adjust to these individual requirements.

4. Comply with all expectations outlined in the “Expectations of Participating Institutions”

5. Have on file with MCCD the Experiential Education Partnership Agreement and certificate of insurance as outlined

I certify that we are a:

☐ Nonprofit Organization ☐ Government Entity ☐ For-profit Business

☐ Public School ☐ Charter School ☐ Private School

☐ Other (please specify): _______________________________________

II. Agreed To:

______________________________________________________
Agency Representative Name

______________________________________________________
Agency Representative Signature

______________________________________________________
Title

______________________________________________________
Date
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**Brief Description of Your Agency/School Function:** (What do you do?)

**Select the keywords you would use to identify your agency:**

- Adult
- Animals
- Arts/Fine Arts
- Child Abuse Prevention
- Child Safety
- Children
- Crisis
- Disabilities
- Education
- Elderly
- Emergency
- Environment
- Government
- Healthcare
- Homelessness
- Hunger
- Mentoring
- Public Safety
- Recreation
- Technology
- Youth
- Other

**Qualifications/Skills Desired of Service-Learning Students:** (What kind of characteristics are you looking for?)

**General Responsibilities of Service-Learning Students:** (Describe anticipated service opportunities)

**Special Conditions/Requirements:** (Time commitment, fees, background check, etc.)

**Brief Description of Orientation and Training Provided by Agency:** (On the job, formal training, etc.)

**Agency/School Hours of Operation:** (Days and times of need for service-learning students)

This form is submitted for a **ONE-TIME ONLY** placement opportunity. Do not list in database: 

We allow court ordered community restitution service hours: 

**Service-Learning Options:** (Please check all that apply)

- One Shot Module: (3 to 6 hours)
- In-Course Module: (10 to 30 hours)
- Group Projects: (3-6 people per group)
- Independent Module: (50 to 150 hours)
In order for any student from our college to work with you, we require our partner agencies/schools to enter into a formal partnership agreement with us. The following forms are needed:

- MCCCD Experiential Education Partnership Agreement form, which requires the signature of the person in legal authority to enter into a legally binding agreement with our District (if not signed already).
- Understanding of Expectations (completed by all agencies)
- Service-Learning Agency Information Form (completed by all agencies)
- Certificate of Insurance (if not already submitted by agency)

It is important that the original forms, signed by someone with legal authority for your agency, be returned as soon as possible in order for students to serve at your agency. Please note that individual schools may not enter into this agreement on behalf of the school district. All agreements with school districts need to be signed by the superintendent’s office.

**Certificate of Insurance**

1) **Certificate Holder:**
   Maricopa County Community College District
   2411 W. 14th Street
   Tempe, AZ 85281-6942
   ATTN: Risk Management

2) **MCCCD named as additional insured:**
   Maricopa County Community College District, its agents, officers, officials, employees, and volunteers are hereby named as additional insureds as their interest may appear.

3) **30-day cancellation notice**
   The certificate must also include, at minimum, the following:
   1) General Liability of $1,000,000
   2) Automobile Liability of $1,000,000
   3) Workers’ Compensation with statutory limits*

   *Certain employers may be exempt for Worker’s Compensation. If so, a letter attesting to the exemption must accompany the certificate.
This Agreement (“Agreement”) is entered into by and between the Maricopa County Community College District (“MCCCD”), a political subdivision of the State of Arizona, and ________________________________ (“Agency”).

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.

BACKGROUND

A. MCCCD wishes to provide its students (“Students”) with opportunities for all forms of learning or serving through off-campus experiences, including service learning, cooperative education, internships, externships, and volunteering (“Services”).

B. The Agency is willing and capable of providing a learning experience.

C. MCCCD shall not be considered a business associate of the Agency under the Health Insurance Portability and Accountability Act of 1996.

AGREEMENT

The MCCCD and the Agency agree as follows:

1. **Duration.** This Agreement shall commence on _______________ and may be terminated by either party on written notice to either party.

2. **College Responsibilities.** Each semester, College shall advise its Students of the nature of the Services that the Agency has available according to information that the Agency provides. The College may have access to the Agency to observe and evaluate the Students' delivery of the Services.

3. **Agency Responsibilities.**
   
   3.1. The Agency shall provide the Students 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.
   
   3.2. The Agency shall provide sufficient instruction to the Students so that the Services provided meet both the Students' need to learn and the Agency's objectives. At MCCCD’s request, the Agency shall provide the appropriate College with a written evaluation of the Services that each Student performs.
   
   3.3. Under applicable law, the Agency may not use Students as a substitute for employees. The Agency may only assign to Students tasks that are similar to those that would be given in vocational or academic instruction. The tasks must primarily benefit the Students.

4. **Agency Right to Screen or Reject.** The Agency shall retain the right at all times to screen Students before they deliver services and to reject the Services of any Student.

5. **Vehicles.** Agency shall not permit Students to operate Agency vehicles or to transport items or persons on behalf of the Agency without the specific authorization of MCCCD and only if the Agency trains the Students before permitting them to operate vehicles or otherwise transport items or person on Agency’s behalf.

6. **Insurance.** Each party shall maintain during the term of this Agreement the following insurance policies issued by companies licensed in Arizona with a current A.M. Best rating of A VIII or better. Prior to Students providing services at Agency, each party shall furnish the other with certificates of insurance evidencing the required coverages, conditions, and limits required by this Agreement. Agency shall provide the certificate to the following e-mail address:

   insurancecertificates@domail.maricopa.eduail

7. The insurance policies, except Workers' Compensation, shall be endorsed to name the other party, its agents, officers, officials, employees, and volunteers as additional insureds with the following language or its equivalent:

   [Name of party], its agents, officers, officials, employees, and volunteers are hereby named as additional insureds as their interest may appear.
If any insurance policies are written on a “claims made” basis, coverage shall extend for two years past completion of the last student assignment to the Agency and must be evidenced by annual certificates of insurance. The insurance policies shall be endorsed stating that they shall not expire, be cancelled, suspended, voided or materially changed without the insurer endeavoring to provide 30 days written notice by certified mail to the other party. Each party’s insurance must be primary, and any insurance or self-insurance maintained by the other party shall not contribute to it. The following coverage is required:

7.1. **Commercial General Liability** insurance with a limit of not less than $1,000,000 per occurrence for bodily injury, property damage, personal injury, and products and completed operations, including but not limited to, the liability assumed under the indemnification provisions of this Agreement;

7.2. **Automobile Liability** insurance with a combined single limit for bodily injury and property damage of not less than $1,000,000 each occurrence with respect to the party’s owned, hired, and non-owned vehicles; and

7.3. **Workers’ Compensation** insurance with limits statutorily required by any Federal or state law and **Employer’s Liability** insurance of not less than $100,000 for each accident, $100,000 disease for each employee, and $500,000 disease policy limit.

8. **Indemnification.** To the fullest extent permitted by law, each party shall defend, indemnify, and hold harmless the other, its agents, officers, officials, employees, and volunteers from and against all claims, damages, losses, and expenses (including but not limited to attorney fees and court costs) arising from the acts, errors, mistakes, omissions, work or service of the indemnifying party, its agents, employees, students or any tier of that party's subcontractors in the performance of this Agreement. The insurance requirements of this Agreement will not be construed as limiting the scope of this indemnification.

9. **Cancellation.** MCCCD may cancel this Agreement under Arizona Revised Statutes Section 38-511 for any violation of that statute.

10. **Nondiscrimination.** The Agency shall not unlawfully discriminate, either in the provision of Services or employment, against any person on the basis of race, color, sex, religion, age, national origin, disability, or veteran's status. The Agency shall comply with all applicable laws relating to non-discrimination, affirmative action, and equal employment opportunity.

11. **Authorized Signature.** Each party to this Agreement represents that the person signing this Agreement on its behalf is authorized by each respective party to do so.

12. **Miscellaneous.** This Agreement constitutes the entire Agreement between the parties concerning the matters contained herein and supersedes all other Agreements between the parties concerning such matters. No provision of this Agreement may be waived or modified except by writing signed by the party against whom such waiver or modification is sought.

**AGENCY:**

Signature: ___________________________ Phone No.: ___________________________

Name: ___________________________ Address: ___________________________

Title: ___________________________ City, State & Zip Code ___________________________

Date: ___________________________ Placement Coordinator*: ___________________________

Originating College: ___________________________ College Contact: ___________________________

**MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT:**

Signature: ___________________________ Date: ___________________________

Sr. Associate General Counsel

*Please provide the name and phone number of the placement coordinator for your Agency. Otherwise, the person signing on behalf of your Agency will be listed as the contact person. If you have multiple sites/coordinators, please attach a list.