Mesa Community College
Service-Learning

Short Term Placement Packet

Center for Community & Civic Engagement
Southern & Dobson Campus
KSC 35N, Lower Level
(480) 461-7393

Red Mountain Campus
Academic Engagement Center
Desert Willow Bldg., Room 135
(480) 654-7821

www.mesacc.edu/getengaged (Department website)
www.mesacc.edu/mccserves (One-time service offerings)
servicelearning@mesacc.edu
Facebook: MCCEngagementCenter

Service-Learning at MCC

A teaching and learning method that connects meaningful service to the community 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 Engagement

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 introducing yourself to potential agencies you choose to contact. 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 looking for a service-learning placement with their agency.
2. Clearly state the number of hours you must complete, and tell them how many hours a week you are going to have available to serve with them.
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
   - That you are looking for a service-learning placement for ___ hours
   - 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. In other words, do not call on Monday expecting to start work on Tuesday.

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.
STUDENTS: Complete & submit the Experiential Education Assumption of Risk & Release of Liability form PRIOR to starting your service.

---

Student's Name ___________________________ Student ID ___________________________ MEID ___________________________

Instructor’s Name ___________________________ Course Name ___________________________ Course # ___________________________ Day & Time of Class ___________________________

Name of Placement Site ___________________________

Address of Placement Site ___________________________ City ___________________________ State ___________________________ Zip Code ___________________________

Placement Supervisor’s Name ___________________________ Title ___________________________ Phone Number ___________________________

PHOTO RELEASE - OPTIONAL

I authorize the Maricopa Community Colleges (including its colleges and related entities) to photograph or video me and to use the photographs or videos for educational or promotional purposes in any type of media. The photographs or videos may not be used for profit without my express permission. I understand that I will not be paid or rewarded for providing this authorization.

Student Signature ___________________________ Date: ___________________________

Please outline when you served and briefly describe the tasks that you completed.

<table>
<thead>
<tr>
<th>Days of Service</th>
<th>Hours of Service</th>
<th>Activities Completed/ Service Provided</th>
<th>Supervisor Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please rate this student accordingly. Thank you for taking the time to evaluate and supervise this student.

<table>
<thead>
<tr>
<th>Needs Improvement</th>
<th>Excellent</th>
<th>Good</th>
<th>Undecided</th>
<th>Fair</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worked well with agency employees and clients</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Took initiative, “jumped right in” as appropriate</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Attended as expected and was on time</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

I accepted this student from Mesa Community College (MCC) and provided adequate training and supervision. Further, our organization understands that MCC does not screen any of its students. MCC and the Center for Community & Civic Engagement serve as a referral site for service-learning placement. I certify that ___________________________ (student name) completed ___________ service hours.

Placement Supervisor’s Signature ___________________________ Printed Name ___________________________ Date ___________________________

---

STUDENTS: Complete & submit the Experiential Education Assumption of Risk & Release of Liability form PRIOR to starting your service.
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 an experiential education student at ____________________________ (henceforth referred to as the “Program”) from _1/14/19_ to _5/10/19_.

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 understand and state that I am not in any way an employee of College while performing this service or engaged in this project.

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 __________

Birth year of Program Participant (if student is a minor) ____________________________