Service-Learning Contract
(Sample to be adapted/revised by instructors for specific courses)

Name of Partnering Organization _________________ Address: ________________

Site Supervisor’s Name ______________________ ph ______ e-mail ____________

Student’s Name ________________________________ ph ______ e-mail ____________

Section I: Student
Below, please describe the learning goals for your work at this organization or site.
These should relate to the learning goals in ______________ and to your own personal
aspirations for your experience and development.
1. ______________________________________________________________________
2. ______________________________________________________________________
3. ______________________________________________________________________

Below, please list the dates and duration of the visits and service you plan at the site. Be
sure these are approved by your site supervisor, and that they meet the requirements of
your course instructor.
__________________________________________________________________________

Section II: Site Supervisor
Below, please describe the work that the student will be doing while at your site.
__________________________________________________________________________

Below, please list an expected time table or specific parameters of visits you expect to be
completed by student.
__________________________________________________________________________

Student Signature ______________________________  Date _____________________

Site Supervisor Signature ___________________________ Date ___________________

Course Instructor’s Signature ___________________________ Date ________________