Application for Service Learning

Purpose of Application: The Application for Service Learning has several purposes. It is used to identify you, the course to which you are adding the Free Service Learning Credit, the faculty member authorizing the additional Service Learning Credit, and the Non-Profit Agency where you will be performing the Service Learning activity. The Application also has a section that describes the volunteer work you will be performing, how that work relates to the academic course and what your learning goals are.

Some Key Points to Remember about Service Learning:

- Any humanitarian service done for an agency outside the College may qualify for a Service Learning project/experience with approval from the professor teaching the course.
- The work must be done in a volunteer status—even if the student works for a non-profit agency.
- The student cannot begin counting hours toward the credit until all College paperwork is complete, the faculty member has approved the activity, and the registrar has added the credit.
- The Service Learning project/experience cannot be done at a for-profit company.
- Only in rare instances, should Service Learning projects/experiences be initiated at Ursuline College. These experiences will be considered on a case-by-case basis with input from faculty, the Director of Campus Ministry and a representative from the Counseling and Career Services office.
- 30 clock hours of service are needed to complete one Credit Hour.
- The Service Learning Credit is awarded on a pass/fail or pass/no credit basis.
- A student may earn only one Service Learning Credit per academic year with a maximum of 4 credits while at Ursuline.
- The Service Learning Credit must be added to an existing academic course for which the student is already registered.

Instructions:

- Complete the two-sided Application for Service Learning Credit Project Information form.
- Complete the one-sided Application for Service Learning Credit Course Registration form.
- Have the Project Information form signed by a Volunteer/Non-Profit Agency Representative.
- Have both forms signed by the Faculty Member offering the Service Learning opportunity.
- Bring original Project Information form completed and signed to the Director of Campus Ministry. Copies will be made for you, your faculty member, the agency, and Campus Ministry will retain the original.
- File the signed Course Registration form with the Ursuline College Registrar Office.
Application for Service Learning
Project Information

Student Information

Last Name _________________________________  First Name____________________Middle Initial_____
SS# ______________________________  Telephone Number ____________________________________
Street Address _________________________________________
City _______________________  State ______ Zip _________ E-Mail ________________________________
Course Name and Number to which Credit is being added __________________________________________

Volunteer/Non-Profit Agency Information

Agency Name ___________________________________________________________________________
Contact Person _________________________________  Title __________________________
Street Address ________________________________  Telephone ________________________________
City ______________________  State ______  Zip _______  E-Mail ________________________________

Brief description of the agency including size of agency, population that the agency serves, number of staff members, number of volunteers, may include whether it is a local or national organization:

Student To Complete this Information:

1. Volunteer title and description of volunteer work you will perform.

2. How does this work relate to the course for which you are requesting the extra credit hour?

3. State at least two things (more is preferable) that you expect to learn through this experience.
Student to Complete with Agency Representative

1. Start date for Service Learning Experience ________________________________________________

2. Number of hours per week you will serve the Agency _______________________________________

3. Name and Phone Number of supervisor at the site (if different from Agency Representative named above) ________________________________________________________________

4. How will your Service Learning Activity be evaluated on site? (Check all that apply)
   □ Attendance logs
   □ Ursuline College Assessment forms □ Monthly □ Twice during semester
   □ Agency Assessment forms
   □ Other (Please Describe) ______________________________________________________________

Student to Complete with Faculty Member

1. Name of Faculty Member ____________________________ Office Number _______________________

2. What are Faculty Member’s expectations for the Service Learning Experience?

3. What additional assignments are expected by the faculty member to show that learning has occurred?
   (journal, written report, power point presentation, etc)

I have reviewed this Project Information and give my approval.

The volunteer agency agrees to: abide by the guidelines set forth in the "Volunteer/Non-Profit" section of the handbook, provide supervision of the student; evaluate student’s performance, and afford the same consideration of health, safety and working conditions accorded other volunteers.

_________________________________________ ____________________________
Agency Representative                                  Date

The Faculty Advisors agrees to: communicate academic expectations to the student and help develop learning objectives. Upon successful completion of all requirements by the student, the faculty advisor will assign a grade.

_________________________________________ ____________________________
Faculty Member                                  Date

The student agrees to: perform all assigned duties to the best of her/his ability, satisfactorily meet expectations of the volunteer agency, complete all academic requirements, and abide by the rules, regulations and the policies of the Service Learning Program. Failure to meet these requirements will result in the student’s withdrawal from the site and the forfeiture of any benefits from the Service Learning Program. I have reviewed the Service Learning Guide on the Campus Ministry web site or have received a copy of it and understand the requirements attached to the service learning program including registering for the free service learning credit. I understand that I cannot begin counting hours toward the credit until all College paperwork is complete, the faculty member has approved the activity, and the registrar has added the credit.

_________________________________________ ____________________________
Student                                  Date
Student Information

Last Name __________________________________________ First Name____________________ Middle Initial_____

SS# ______________________________ Telephone Number ____________________________________

Street Address ______________________________________________________________________

City ___________________ State _______ Zip _______ E-Mail ________________________________

Course Name and Number to which Credit is being added ______________________________________

I have completed the Project Information form and received approval for the Service Learning Activity from a
Volunteer/Non-Profit Agency Representative and the Faculty Member offering the additional credit.

I have filed the original Project Information form with the Campus Ministry Office in Mullen 120.

I understand that I must complete the Service Learning project and all additional assignments required by the
faculty member and listed on the Project Information form by the end of the semester.

__________________________________________________________________________    ______
Student Signature                                                                            Date

I agree to serve as the faculty supervisor for this student’s Service Learning Project.

I agree to have the additional credit added to the course I am currently teaching.

__________________________________________________________________________    _____________________________________
Faculty Signature                                                                     Date

__________________________________________________________________________     _____________________________________
Academic Advisor                                                                     Date

Cc: Faculty Member
    Academic Advisor
    Campus Ministry