



## Service Learning Registration Form

The student will complete this form and the instructor will return it to the office  
listed below by

**September 12, 2014**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Classification: \_\_\_\_\_

Major: \_\_\_\_\_ Semester ( Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ )

Course Name	Professor's Name	College

Site Name \_\_\_\_\_

Site Address \_\_\_\_\_

Contact Person for Site \_\_\_\_\_ Title \_\_\_\_\_

Agency Phone Number \_\_\_\_\_ Email address \_\_\_\_\_

**Alice V. Harden Center for Service & Community Engaged Learning**

**Jacob. L. Reddix Building, 1st floor, Suite 110**

P.O. Box 17840

Phone (601) 979-6939



### **Student Liability Release Form and Agreement**

In consideration of the opportunity to participate in Community Service or Service-Learning and the services rendered by the administrators, faculty, staff, agents and other representatives of Jackson State University, the undersigned hereby acknowledges and agrees as follows:

My participation in the program is purely voluntary. I expressly accept and assume all risks associated with my participation in the program. I acknowledge that activities conducted in the course of the program may entail known anticipated or anticipated risks which could result to me or third parties or damage to property. I also certify that I have no medical conditions which could interfere with my safety of others in connection with my participation in the program, and I hereby assume and agree to bear all the costs of all risks that may be created, directly or indirectly, by any such condition, whether or not disclosed to the University.

I understand that if this release is for services that are not essential, I have the choice not to sign this release. However, if I choose not to sign it; I cannot participate in the non-essential activity (or required course) that requires this release about them. Other potential options include, but are not limited to, finding alternate forms of transportation rather than using the transportation provided by Jackson State University, purchasing insurance for personal property that I am worried may be damaged or stolen rather than holding Jackson State University employees responsible when it is not their responsibility, taking different courses that do not require this release rather than taking courses that do, or purchasing life insurance rather than holding Jackson State employees accountable when they are not accountable.

\*\*\*\*\*I HEREBY VOLUNTARILY RELEASE, IDENTIFY, AND FOREVER DISCHARGE JACKSON STATE UNIVERSITY, AS WELL AS ALL COMMUNITY PARTNER AGENCIES, THEIR EMPLOYEES, OFFICERS, AGENTS AND ASSIGNS, ON BEHALF OF MYSELF, MY CHILDREN, MY PARENTS, MY HEIRS, ASSIGNS, PERSON REPRESENTATIVES AND ESTATE FROM ANY AND ALL CLAIMS, DEMANDS OR CAUSES OF ACTIONS WHICH IN ANY WAY RELATE TO OR ARISE OUT OF MY PARTICIPTION IN COMMUNITY SERVICE AND SERVICE LEARNING ACTIVITIES OR MY USE OF THE UNIVERSITY'S EQUIPMENT OR FACILITIES,INCLUDING ANY SUCH CLAIMS ALLEGING NEGLIGENT ACTS OF OMISSIONS OF THE UNIVERSITY\*\*\*\*\*

**I have read this Liability Release in its' entirety. I understand the guidelines set forth and agree to be bound by its terms during my time as a registered student at Jackson State University.**

I, \_\_\_\_\_(print name), acknowledge that I wish to participate in Community Service and for Service Learning during my time as a student at Jackson State University. I fully release and discharge Jackson State University and its employees, officers and agents from all liability in connection with my participation in this project.

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**Signature**

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**J-Number**

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**Date**



## **Service-Learning Professional Guidelines**

1. Service-learners are representatives of Jackson State University. It is important to remember that the same rules and regulations of the institution apply at service-learning sites. The following are guidelines that students must adhere to while at a service-learning site.
2. Service-Learners are expected to be punctual. "If you are delayed, you are expected to call before or within fifteen minutes of expected time of arrival; if you are ill you must call in.
3. Studying during work hours is not permitted. Remember you are there to work.
4. When tasks, haven't been completed at the conclusion of your work period, inform your immediate supervisor of its progress.
5. Inform your supervisor before leaving the job, for breaks, and at the close of your work period.
6. Service-Learners are required to maintain confidentiality at all times. Written or verbal information cannot be removed from the office or discussed with individuals not employed within the organization.
7. Eating food at the site is NOT ALLOWED. Time taken to eat CANNOT be counted as service-learning hours.
8. Cell phones may not be utilized during working hours.
9. Your service-learning experience should be viewed as a job. You are expected to dress accordingly and be professional at all times; you are representing yourself and the University. Remember, the site supervisor does have the authority to send you home and credit will not be given for that day of service.
10. Signing below indicates you have read and understand the service-learning process.

I do hereby certify that I have read this agreement and have chosen a service site for my Jackson State University Service-Learning Course. I maintain that I was provided with information and explanations for available options and made an educated choice from the options given. If I find that I am unable to meet the conditions of this site, I understand that other options may or may not be available at the time. I am fully aware that all changes must be made through the Office of Service-Learning.

As a service provider at this site/school, I agree to abide by all applicable rules and regulations of Jackson State University and the guidelines of my chosen site/school. I will conduct myself as a professional and representative of Jackson State University, my program of study, my instructor and most importantly myself.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_