



LIABILITY

**Hold Harmless Agreement / Waiver of Liability
Palomar Community College District**

Service Learning

1140 West Mission Road, San Marcos, C.A. 92069-1487

Phone: (760)744-1150 Extension 3734

Email (questions only): servicelearning@palomar.edu

Class or Event: _____
Instructor: _____
Event Date(s): _____

ADMINISTRATION ONLY Received by: _____
Instructor: _____ or
Office: _____

PLEASE PRINT OR TYPE CLEARLY, SIGN, DATE, AND RETURN TO YOUR INSTRUCTOR:

Participant's Name: _____ Male Female Other
Last First MI

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Cell Phone: (____) _____

Email: _____ Classification: Student Faculty/Staff Guest

Emergency Contact Name: _____ Telephone (____) _____

I, the above named participant, am eighteen years of age or older and have voluntarily applied for or enrolled in Service Learning event, activity or class, at Palomar College.

I acknowledge that the nature of the event, activity or class will expose me to hazards or risk that may result in my illness, injury, including permanent and live-compromising or life-terminating injuries, such as for example only a spinal cord injury to any other vital organ or limb, or death and I understand and appreciate the nature of such hazards and risks.

That participant shall indemnify, defend and hold harmless the Palomar Community College District, its officers, agents and employees from all claims, suits, or actions of any nature arising out of my participation in the **ACTIVITY** other than acts of gross negligence by Palomar College, its officers, employees, and /or agents.

In consideration of my participation in the Service Learning event, activity, class, I hereby accept all risk to my health and of my injury or death that may result from such participation.

In signing this waiver, I acknowledge that I have read it, understand its significance and am signing voluntarily of my own free will. I certify that I'm at least 18 years of age, and that if I am under 18 of age my parent/legal guardian has signed this form on my behalf.

Signature: _____ Date: _____

Patent/Legal Guardian (if under 18):

Print Name: _____

Signature: _____ Date: _____



SERVICE LEARNING AGREEMENT FORM

Bring this form and your course syllabus and/or service learning assignment directions with you the first time you visit your community organization.
RETURN COMPLETED FORM TO YOUR PROFESSOR PRIOR TO BEGINNING SERVICE

Student's Name: _____ Student ID #: _____

Phone: _____ E-mail: _____

Course: _____ Instructor: _____

Minimum # of hours to be completed: _____

Goals:

Service Learning Student:

- I have read and will adhere to the Guidelines and Tips for Success document
- I have filled out the Service Learning Online Registration Form

By signing this agreement form, you are agreeing to participate in a service activity and waive district liability as set forth in this declaration for said participation.

All persons traveling to and from the volunteer site shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness or death occurring during the trip. I agree that any accidents or infractions (moving violations) incurred while driving my own vehicle are the sole responsibility of myself. I will not hold Palomar College, its employees and agents responsible for any such damage, injury or liabilities. Further, injuries and or illnesses occurring during or as the result of my participation in the service learning class should be covered in accordance with the premiums of the student insurance program as the secondary health insurance carrier.

X _____
Student's Signature **Date**

Service Learning Site:

Organization: _____ Supervisor Name/Title: _____

Phone: _____ E-mail: _____

Duties to be performed: _____

X _____
Site Supervisor's Signature **Date**

I agree to accept the above-named student and provide adequate training and supervision at this service learning site.



SERVICE LEARNING TIME SHEET

Record your hours neatly and ask for the supervisor's signature each time you serve.

At the completion of your service, return this sheet to your professor.

You will also need to fill out the Online Completion Form (found on the Info for Students page of the Service Learning Website)

Student Name: _____ Student ID _____

Instructor's Name: _____ Course: _____ Semester/Year: _____

Community Organization: _____ Supervisor's Name: _____

Phone: _____

Date	Time In	Time Out	Total Hours	Supervisor Signature

Total Service Hours Completed: _____

I have filled out the Online Completion Form on the Service Learning Website

I hereby verify that the above is accurate. _____ (student's signature) _____ (date)

Do you have enough hours for a certificate, graduation cord or stole? Contact us!



SERVICE LEARNING EVALUATION OF STUDENT PERFORMANCE

When you have completed your service learning activity, give this form to your supervisor to complete.
Return the completed form to your professor.

Student Name: _____ Semester _____

Instructor's Name: _____ Course _____

Community Site: _____

TO THE SUPERVISOR: Please check the appropriate responses:

	Excellent	Good	Fair	Poor
Student Reliability (punctual, completed service hours)				
Sensitivity to Others (sensitive to other's needs, respects differences)				
Willingness to Learn (open to learning new things, receiving feedback)				
Communication Skills (listening, speaking, writing)				
Teamwork (worked well with others, positive attitude)				
Self-Initiation (Seeks to learn more about the organization, motivated to make a difference)				
Overall Evaluation of Performance				

Additional Comments: (use back of paper if necessary)

Supervisor Name: (Please Print): _____

Supervisor's Signature: _____ Date _____