

Cape Fear Community College

Service Learning Application/Site Verification

(please print)

Complete this form and return to Service Learning Coordinator after obtaining the Site Supervisor 's signature and your Instructor's signature

Your Information

Name _____ Student ID# _____

Address _____ City _____ Zip _____

Home Phone# _____ Mobile # _____

Emergency Contact Name & Phone _____ # _____

Email _____ Age _____ Male ___ Female ___

Service Learning Course Information

Instructor _____ Course (ex. COM 120) _____ Section _____

Instructor's Signature _____

Agency Information

Placement Site _____

Address _____ City _____ Zip _____

Site Supervisor _____ Title _____

Site Supervisor Phone _____ Email _____

Site Supervisor Signature _____ Date _____

Please read before completing this form: I agree that the following information is true to the best of my knowledge. I further agree that my instructor is aware and has approved that I will be doing my service at the agency referenced above.

_____ I Agree _____ I Disagree

Risk Statements

The undersigned, being over the age of 18 years or in the capacity of legal guardian for a person identified below, does hereby acknowledge that there are risks of physical harm and injury inherent in service activities including but not limited to, working with people, participating in sports, and recreational activities, and in transportation to and from service work sites. As partial consideration of being allowed to participate in this activity with Cape Fear Community College, I hereby assume all risks in the travel activity and connected activities and hereby knowingly and intentionally waive any and all claim, of whatsoever kind or nature, against such institutions which may arise out of this activity. I specifically acknowledge that in performing these activities, I am doing so in the status of a server/volunteer for the community agency, and not a server/volunteer, employee or agent of Cape Fear Community College. I further waive any and all claims which may arise from such service activities, acknowledge that workers compensation benefits are not extended to me in my capacity as a server/volunteer and hold Cape Fear Community College harmless from any of my negligent acts. I further state that I am not in any way an employee of Cape Fear Community College in any capacity. I specifically grant this waiver of claims for myself and/or on behalf of my ward identified below and will indemnify and hold harmless such institutions and individuals from any claims.

_____ I Agree _____ I Disagree

Complete this form and return to Service Learning Coordinator after obtaining the (1) Site Supervisor's signature and your (2) Instructor's signature.

Please print a copy of this form to leave with your Site Supervisor after it is 100% completed.