University of Nebraska-Lincoln
Service-Learning Memorandum of Understanding

Student Name: __________________________________  NU Identification Number: _____________________
Local Mailing Address: _________________________ City: _______________ State: _____ Zip: ____________
E-mail Address: _____________________________  Local Phone: _______________ Cell: _____________________

Course Prefix & Number: _______________ Course Title: ______________________________________________
Course Instructor: _______________________________  Days/Time of Course: ____________________________
Class Location: _________________________________

Organization Name: ______________________________  Organization Supervisor: _________________________
Days/Time of Service: ____________________________
Supervisor’s Contact Information (phone number & e-mail):______________________________________________
Estimated/Required Number of Hours of Service for Semester: _________

Students in collaboration with your course instructor and organization supervisor, will list and describe your
learning objectives and service activities as they relate to this course and organization placement.

Learning Outcomes:
What do you hope to learn from this service-learning experience? Include relevant course learning outcomes, as well as specific learning objectives related to the service work at your site.

Service Activities:
Identify and describe the nature of the service activities in which you will be engaged. Be as specific as possible in describing your responsibilities and duties at the organization.

Student’s Initial: ________  Supervisor's Initial: ________
Service-Learning Memorandum of Understanding

As a student enrolled in Service-Learning with the above organization, I understand and commit to the following (please initial each statement):

_____ 1. I will comply with the organization’s policies, standards and regulations and serve in a professional manner with respect for others, especially with regard to confidentiality.
_____ 2. I will be on time or call the organization if I cannot attend due to illness or emergency.
_____ 3. I will contact Linda Moody in the Center for Civic Engagement at 472-6150 if I have concerns, difficulties and/or feedback about this organization or placement.
_____ 4. I understand the connection between the service-learning course, and the service and learning objectives to be fulfilled at the service site.
_____ 5. My instructor, Service-Learning staff and organization representatives may confer about my placement, hours and service.
_____ 6. It is my responsibility to discuss the placement with my instructor(s) and be certain it ties into the objectives/learning outcomes of the course.
_____ 7. I will complete service-learning in good standing, complete instructor’s requirements, and turn in all paperwork including final service-learning evaluations.
_____ 8. I understand that I will not transport any person, be alone with any minors, be in any private home without an organization representative, or violate the agreements set forth by the organization and UNL.
_____ 9. I acknowledge and understand that there are risks related to this outside-of-class service-learning requirement.
_____ 10. I will not discriminate based on gender, age, disability, race, color, religion, marital status, veteran’s status, national or ethnic origin, or sexual orientation.

The organization representative agrees (please initial each statement):

_____ 1. Provide orientation, training, and on-going support and direction to the student.
_____ 2. Discuss with the student in advance any need for change of placement or hours of service.
_____ 3. Student will not be asked to transport any person, be alone with any minors, be in any private home without an organization representative, or violate the agreements set forth by the organization and UNL.
_____ 4. The student's service will be related to the student's coursework.
_____ 5. Not discriminate based on gender, age, disability, race, color, religion, marital status, veteran’s status, national or ethnic origin, or sexual orientation.

Together, we (the student, instructor and organization supervisor who sign below) agree that the student will serve _____ hours during the 2012 fall semester and understand all the requirements necessary for the student to successfully complete the service-learning requirements.

Student Signature: ___________________________________________ Date: __________________________

Organization Supervisor Signature: ______________________________ Date: __________________________

Supervisor (Printed Name): ___________________________ E-mail: ____________________________

UNL Course Instructor: ___________________________ Phone: _______________ E-mail: ________________

Once you have completed this form, with all signatures, hand in to your course instructor by the assigned due date.

If you have questions regarding this form or need placement assistant, please contact Service-Learning in 222 Nebraska Union (phone at 472.6150).

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