

Section I: Student Data

Student's Name: _____

Email: _____ Telephone Number: _____

Section II: Service Site

Service Site Name: _____

Contact/Supervisor Name: _____

Service Site Address: _____

Email: _____ Telephone Number: _____

Section III: Course Data

Year/Semester _____ Course Title (eg CRIM 120S): _____

Faculty Name: _____

Learning Activity (list your primary activities/responsibilities at the Learning Site):

This internship will be performed: Remotely In-Person* A combination of both*

*Students who perform any portion of their service-learning hours in-person must submit a completed COVID-19 Acknowledgement of Risk form.

Learning Objectives – Through this course students will:

Planned Number of Service Hours: _____ Start Date: _____ End Date: _____

Student Guidelines and Provisions

1. I (Student) will devote _____ hours towards completion of the learning objectives listed in my learning plan from _____ (start date) to _____ (end date). I agree to complete any paperwork and orientations required by my professor or site supervisor as part of this learning activity.
2. I understand and acknowledge that there are potential risks associated with this service-learning experience, some of which may arise from **(a)** my assigned tasks and responsibilities, **(b)** the Service Site location, **(c)** the physical characteristics of the Service Site, **(d)** the amount and type of criminal activity or hazardous materials at or near the location of the Service Site, **(e)** any travel associated with the service, **(f)** the time of day when I may be present at the Service Site, **(g)** the criminal, mental and social backgrounds of the individuals I will be working with or serving, and **(h)** the amount of supervision I will receive. I further understand and acknowledge that my safety and well-being are primarily dependent upon my acting responsibly to protect myself from personal injury, bodily injury or property damage.
3. I acknowledge all related risks, both known or unknown to me, of my participation in this activity, including any travel to, from and during the activity. I understand that I may stop participating at any time if I believe the risks become too great.
4. Once an Experiential Learning Agreement has been signed and executed, I will be covered by the University's General Liability Insurance program while enrolled in this course. If an Experiential Learning Agreement is not fully executed prior to the start of my service-learning, I will contact my faculty member about locating an alternate service site.
5. While participating in this service-learning activity, I will **(a)** exhibit professional, ethical and appropriate behavior; **(b)** abide by the Service Site's rules and standards of conduct, including wearing any required personal protective equipment; **(c)** participate in all required training; **(d)** complete all assigned tasks and responsibilities in a timely and efficient manner; **(e)** request assistance if I am unsure how to respond to a difficult or uncomfortable situation; **(f)** be punctual and notify the Service Site if I believe I will be late or absent; and **(g)** respect the privacy of the Service Site's clients.
6. While participating in this service-learning activity, I will not **(a)** conduct my service activities under the influence of drugs or alcohol; **(b)** give or loan money or other personal belongings to a client; **(c)** make promises to a client I cannot keep; **(d)** give a client or representative a ride in my personal vehicle; **(e)** engage in behavior that might be perceived as harassment of a client or Service Site representative; **(f)** engage in behavior that might be perceived as discriminating against an individual on the basis of their age, race, gender, sexual orientation, physical and/or developmental or intellectual capacity or ethnicity; **(g)** engage in any type of business with clients during the term of my placement; **(h)** disclose without permission the Service Site's proprietary information, records or confidential information concerning its clients; or **(i)** enter into personal relationships with a client or Service Site representative during the term of my placement. I understand that the Service Site may dismiss me if I engage in any of these behaviors.
7. I agree to contact the University's Administrator of Environmental Health & Safety, Risk Management at 559.278-6910 if I believe I have been discriminated against, harassed or injured while engaged in this service activity. Please call Campus Police after hours at 559.278-8400.
8. I understand and acknowledge that neither the University nor the Service Site assumes any financial responsibility in the event I am injured or become ill as a result of my participating in this learning activity. I understand that I am personally responsible for paying any costs I may incur for the treatment of any such injury or illness. I acknowledge that the University recommends that I carry health insurance.

By checking this box, I as the student understand that I am responsible for visiting <http://www.fresnostate.edu/academics/ces/servicelearning/ela.html>, finding the Experiential Learning Agreement (ELA) for my designated service site, and reviewing the risk factors inherent at my site. Further, if my service site does not have an ELA on file, I understand that I must notify the Richter Center by emailing Trisha Studt (tstudt@csufresno.edu) and that I may not begin my service hours until an ELA has been completed and provided to me for review. (For assistance in finding an alternative site, you may also contact Trisha Studt and/or speak with your faculty member.)

General Provisions:

1. The Service Site agrees to provide an orientation that includes a site tour; an introduction to staff; a description of the characteristics of and risks associated with the Service Site’s operations, services and/or clients; a discussion concerning safety policies and emergency procedures; and information detailing where students check-in and how they log their time. They will also provide applicable training and safety equipment that may be necessary.
2. The University will provide all students enrolled in a Service-Learning Course with Student Academic Field Experience for Credit Liability Insurance (SAFECLIP) only if an Experiential Learning Agreement, which is separate from this Service-Learning Plan Agreement, has been executed between the Service Site and the University. This insurance coverage provides professional and personal general liability coverage for students enrolled in Service-Learning Course sections for which they are receiving academic credit. Proof of such coverage will be provided upon request to the Service Site. For more information about the Experiential Learning Agreement, please contact Trisha Studt at tstudt@csufresno.edu.
3. The Service Site should notify the University as soon as is reasonably possible of any injury or illness to a student participating in a learning activity by calling 559.278-6910 or 559.278-8400.
4. The Service Site and the University will meet upon request or as necessary to resolve any potential conflicts and to facilitate a mutually beneficial experience for all involved. If it is determined that the service-learning placement fails to be in the best interest of the scholar, service site, and/or California State University, Fresno, either party (the university or the service site) may terminate this particular service-learning placement upon giving written notice as soon as reasonably possible to the other party.
5. The Service Site may dismiss a student if the student violates its standards, mission or goals. The Service Site will notify the University as soon as reasonably possible of the student’s dismissal.

By checking here, I attest that I have read, understand and agree to comply with these guidelines.

Student Name: _____ Date: _____

By checking here, I attest that I have read, understand and agree to comply with these guidelines.

Service Site Supervisor Name: _____ Date: _____

By checking here, I attest that I have read, understand and agree to comply with these guidelines.

Faculty Name: _____ Date: _____

If student is under the age of 18 please complete

By checking here, I attest that I have read, understand and agree to comply with these guidelines.

Parent/Guardian Name: _____ Date: _____

STUDENT EMERGENCY INFORMATION

Participant's Name: _____
Last First MI

Fresno State Student Email Address: _____

Emergency Contact Information (required)

Note: Emergency Contact #1 must be able to make legal decisions for you in a worst-case scenario

	Emergency Contact 1	Emergency Contact 2
Last, First Name		
Relationship		
Street Address		
City, State, Zip, Country		
Phone: Home		
Phone: Work		
Phone: Cell		

Activity: Experiential Education Course/ Service-Learning**Course Number:** (e.g. SWRK 181) _____ **Semester/Year:** _____**Experiential Learning Site Name:** _____**Experiential Learning Site Address:** _____
Street Address City State ZIP

STUDENT has voluntarily elected to participate in an Experiential Education-Service Learning Course and to serve at an on-site Experiential Learning Site (hereinafter referred to as the "ACTIVITY"). STUDENT is free to opt out of continuing at the ACTIVITY at any time and inform the University of that decision.

DISCLOSURES

In electing the ACTIVITY, STUDENT understands, recognizes and has taken into account the following:

- Since in or about January 2020, there has existed and continues to exist a nationwide pandemic commonly referred to as the COVID-19 pandemic.
- COVID-19 is highly contagious, and capable of widespread person-to-person transmission.
- During the ACTIVITY, STUDENT may come into contact with individuals at the Experiential Learning Site who have contracted COVID-19 or who might otherwise be contagious. This may include patients, particularly if the Experiential Learning Site is a clinical health care facility, communal living facility or correctional facility,
- During the ACTIVITY, STUDENT may be exposed to and/or contract COVID-19.
- There is and can be no guarantee that STUDENT will not be exposed to or contract COVID-19 during the ACTIVITY.
- California State University, Fresno makes no representations and can give no assurances about the degree to which STUDENT may be exposed to COVID-19 during the ACTIVITY.
- California State University, Fresno makes no representations and can give no assurances about the risk or probability that STUDENT may contract or transmit COVID-19 during the ACTIVITY.
- California State University, Fresno makes no representations and can give no assurances about the practices, measures or methods employed or adopted by the Experiential Learning Site related to the COVID-19 pandemic, or the sufficiency and adequacy of those practices, measures or methods.
- Notwithstanding any practices, measures or methods employed or adopted by the Experiential Learning Agreement, there will still be a risk and possibility of contracting or transmitting COVID-19 during the ACTIVITY.

ACKNOWLEDGEMENT OF RISK

STUDENT is aware of the risks associated with the pandemic which includes but are not limited to physical or psychological injury, pain, suffering, contagiousness, illness, temporary or permanent disability, economic or emotional loss, and/or death. STUDENT understands that these injuries or outcomes may arise from STUDENT's own or other's actions, inaction, or negligence.

STUDENT acknowledges that they MUST take [COVID-19 Training](#) provided by the CSU System, prior participating in the ACTIVITY. STUDENT will receive instructions from the University on the process to

complete this requirement.

STUDENT acknowledges their personal responsibility to comply with local, state and federal COVID-19 guidelines and orders, which include directives regarding the use of face coverings, and social/physical distancing.

STUDENT has read and understands this document, and is signing it freely and voluntarily. No other representations concerning the legal effect of this document have been made to STUDENT.

STUDENT certifies that they are at least 18 years of age.

By checking here, I attest that I have read, understand and agree to comply with these guidelines.

STUDENT Name (print): _____ Date: _____