

IndividualService-Learning Activity Form



Student Nam	e:					
	(first)	(last)		(middle initial)		
Semester:	Year	Circle the campus you atte	end: Rowan	Maysville	LVC	
Instructor:		Course & Sec	ction:			
	or while completing any	och statement and "check" ye v service activity I will: ice-learning coordinator of any cha	_	-	plicable).	
dress pro	ofessionally and/or in ac	cordance with specific preference plunteer hours at agreed schedule	s of MCTC and/o		·	
become	knowledgeable about ag	gency policies and procedures, and	d act accordingly			
		igs and alcohol during <u>all</u> service-less will be tolerated by MCTC while	ŭ		; activities.	
I also agree and und	derstand the followi	ng: Commitment to Service				
do something related to organization and/or per your instructor and the	your service-learning a rsons being assisted are organization's contact p e or sensitive situation b	needs to which you have been ass ctivity, you are expected to follow counting on you. In the event of a terson—if applicable—as soon as possible of there is a problem etween a student volunteer and the	through with your emergency, mossible.	our arrangemen nake every effor	nts as the rt to notify	
		Confidentiality				
numbers, places of emp clients may have discus authority, such as susp	ployment, living habits, p sed with or in front of st icion of child abuse, the ent is discussing a client i	on's clients must remain confident personal and/or family problems, a udent volunteers. If there is a situ student volunteer should immed n a journal entry or paper, the stu	and other circum uation that mer liately tell a trus	nstance and det its notifying a h sted staff memb	ails the ligher oer of the	
Name of the	e organization you	served (whether or not you ph	nysically served	d at their site)		
Name: Street address	:					
		(city) (sta	 te)	(zip code)		
Name of conta Telephone nu e-Mail or Web	mber:		(ext.)		

(See next page...)



In this	s box, briefly o	describe the servic	e-learning activit	y you completed v	with the above o	organization:
		om <u>only one serv</u> nization's site or				of hours per week you
	Date	Time In	Time Out	Total Hours	Student Initials	Organization Contact Person (or) Instructor Initials
If t	he student w	orked on a project		ion in class and di nitial this service h		volunteer at the
have rea accurat		tand the MCTC Ser	vice-Learning Stu	dent Contract. Ta	gree that the ser	vice hours specified abo
dent Sig		overseen or provid	led orientation ar	nd reviewed the al		Date expectations.
tructor S	ignature				-	Date

Send this form to: Hannah Diedrichsen, Service-Learning Coordinator, Rowan Campus, Room B-200, (606) 783-1538, ext. 66373 hannah.diedrichsen@kctcs.edu