SANTA ANA COLLEGE – SERVICE LEARNING PROGRAM

1530 W. 17th Street, Santa Ana, CA 92706 - Building L-222 Telephone: (714) 564-6254 Email: service_learning@sac.edu

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Notes:	

PLACEMENT FORM

ATTENTION: Please complete and return this form to Service Learning Program in L-222 before you start the volunteer service. Failure to do so may affect the acceptance of hours. Please make a copy for your own records. First Name Last Name____ **Phone**# () -Student ID# E-mail Address What class(es) or program(s) are you doing service learning for? Class Name Professor Name____ 2. Program(s) Name: ______ Person in charge of the program _____ **No**, I am not doing service learning for any classes or programs **VOLUNTEER SITE** (Must be a non-profit organization, public school, hospital, or government agency) (*If the volunteer site is on campus, please include Santa Ana College and the specific department) Address _____ Phone Number (_____) ____ - ____ Ext. ____ Supervisor's Name____

E-mail Address:____

______ Date_____/_____

Assignment begins on ______ Duties (please briefly describe duties required)_____

Supervisor Signature

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

Student Signature

I agree to the terms of the agreement set forth by this agreement set forth by this agency and will perform my duties to the best of my ability.

Date /___/_

RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT WAIVER, RELEASE AND INDEMNITY AGREEMENT ASSUMPTION OF RISK OF PARTICIPATION IN VOLUNTARY ACTIVITY MEDICAL TREATMENT AUTHORIZATION

Participant's Full Name:		Activity: Service Learning	
At (site name)	Semester	Year	
In consideration for being allowed to participate in this Activity, I release from Community College District, their employees, officers, volunteers and agents (collective of the District's negligence, resulting in any physical injury, illness (including death) my participation in this Activity, travel to and from the Activity (including air travel), or	vely "District") from any and a or economic loss I may suffer	all claims, including claims or which may result from	
I am voluntarily participating in this Activity. I understand that there are risks associate and/or psychological injury, pain, suffering, illness, disfigurement, temporary or perma outcomes may arise from my own or other's actions, inactions, or negligence, or the Nonetheless, I assume all risks of my participation in this Activity, whether known or u (including air travel) or any events incidental to this Activity.	nnent disability, death or econo e condition of the Activity lo	omic loss. These injuries or ecation (s) or facility (ies).	
I agree to hold the District harmless from any and all claims, loss or damage to my perfees, as a result of my participation in this Activity, including travel to and from the Athis Activity. If the District incurs any of these types of expenses, I agree to reimburse to	Activity (including air travel)		
I have read this document, and I am signing it freely. I understand the legal consequent District from all liability, (b) waiving my right to sue the District, (c) and assuming all and from the Activity (including air travel) or any events incidental to this Activity.			
If I need medical treatment as a result of my participation in this Activity, travel to are incidental to this Activity, I agree to be financially responsible for any costs incurred a does not provide health insurance for me and that I should carry my own health insurance	as a result of such treatment. I		
(Initial)			
I have no special health needs the staff should be aware of, and no activity.	medication is required during	my participation in this	
I have special needs and I have consulted with my physician and ve activity.	erify that I am medically fit to	participate in this	
In the event of an emergency, please contact:		Relationship to you)	
The person's home phone () Cell phone			
I have read, understood and agreed with the	e statements above		
Signature	Date		
FOR STUDENTS UNDER 18 YEARS OF AGE ONLY:			
Parent/Guardian Signature			
Parent/Guardian Name (Please Print)	Parent/Guardian N	Name Signature	

Revised Summer 2019