

SANTA ANA COLLEGE – SERVICE LEARNING PROGRAM

1530 W. 17th Street, Santa Ana, CA 92706 Room L-222

Telephone: (714) 564-6254

Email: service_learning@sac.edu

FOR OFFICE USE ONLY

Received on _____ by _____

Inputted on _____ by _____

Notes _____

Service Learning Placement Form

Please complete and email this form to service_learning@sac.edu or drop it off at our office, 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.

Last Name _____ Student ID Number _____

First & Middle Name _____

Email Address _____

Primary Phone (_____) _____ - _____ Secondary Phone (_____) _____ - _____

Volunteer Site

(Must be a non-profit organization, public school, hospital, or government agency)

Volunteer Site Name _____

(If the volunteer site is on-campus, please include Santa Ana College and the specific department/center/class)

Address _____

Supervisor(s) _____

Email Address _____ Phone Number (_____) _____ - _____ Ext. _____

Please describe duties required from student volunteer _____ Assignment begins on _____ / _____ / _____

_____ Date ____ / ____ / ____

Supervisor Signature

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

_____ Date ____ / ____ / ____

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.

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: _____ **Date** _____

In consideration for being allowed to participate in this Activity, I release from liability and waive my right to sue Rancho Santiago Community College District, their employees, officers, volunteers and agents (collectively "District") from any and all claims, including claims of the District's negligence, resulting in any physical injury, illness (including death) or economic loss I may suffer or which may result from my participation in this Activity, travel to and from the Activity (including air travel), or any events incidental to this Activity.

I am voluntarily participating in this Activity. I understand that there are risks associated with my participation in this Activity, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability, death or economic loss. These injuries or outcomes may arise from my own or other's actions, inactions, or negligence, or the condition of the Activity location (s) or facility (ies). Nonetheless, I assume all risks of my participation in this Activity, whether known or unknown to me, including travel to and from the Activity (including air travel) or any events incidental to this Activity.

I agree to hold the District harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees, as a result of my participation in this Activity, including travel to and from the Activity (including air travel) or any events incidental to this Activity. If the District incurs any of these types of expenses, I agree to reimburse the District.

I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing the District from all liability, (b) waiving my right to sue the District, (c) and assuming all risks of participating in this Activity, including travel to 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 and from the Activity (including air travel), or any events incidental to this Activity, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware that the District does not provide health insurance for me and that I should carry my own health insurance.

(Initials)

	I have no special health needs the staff should be aware of, and no medication is required during my participation in this activity.
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	I have special needs and I have consulted with my physician and verify that I am medically fit to participate in this activity.
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In the event of an emergency, please contact: _____
(Person's Name) (Relationship to Participant)

The person's Primary Phone (_____) _____ - _____ **Secondary Phone** (_____) _____ - _____

I have read, understood and agreed with the statements above

Participant's Signature _____ **Date** _____