



Community Service Agency and Student Contract

Name of student: _____ Phone Number: _____
 Name of Community Service Agency: _____
 Mailing address of agency: _____
 Supervisor's Name: _____ Phone Number: _____

Agency Staff and Student

❖ *The agency and the student volunteer have agreed upon the following:*

This is **what the student will do** for the agency and its clients:

These are the **days and times** the student will work:

The placement will start on _____ date and will last until _____ date.

❖ We have discussed the following issues (please check):

- The purpose of the job the student will be performing.
- Orientation and training the student will receive
- Expectations as to appropriate dress and behavior.
- Liability and safety issues.
- Regular communication between student and supervisor.
- Whom to call and by what time if the student is ill and cannot work.

Parent

❖ *In case of an injury of a minor nature, first aid should be administered by a responsible adult at the volunteer site. In case of medical emergency, the student should be placed in the care of a physician at the nearest medical facility.* YES NO

Alternate instructions _____

Emergency contact person and telephone number _____

❖ *We both understand that we should call the Community Service Office (650-712-7200) with any questions, problems, concerns, comments, etc.*

Student _____ Date _____ Agency Staff _____ Date _____

Community Service Staff _____ Date _____ Parent _____ Date _____