

# Service Learning Agreement Form:

Student Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

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Volunteer Site/Organization Name: \_\_\_\_\_

Supervisor Name and Title: \_\_\_\_\_

Supervisor Contact Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Supervisor Email: \_\_\_\_\_

Description of service: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Supervisor:**

I agree to allow the student listed above to volunteer at the site listed above. I will provide a safe work and learning environment for this student. I will keep contact information for the student volunteering in case of an emergency. I will contact the parent and instructor in case of any behavioral situations. I will only verify accurate volunteer hours for the student.

\_\_\_\_\_ I agree to the above (initial)

**Student:**

I agree to represent myself in a respectful and trustworthy manner while volunteering at the above site. I will come to the site on time and I will stay for the time determined by my supervisor. I will accurately document all times. Before handing in this form I will have my supervisor approve that the times are accurate. If any problems occur, I will contact my instructor immediately.

\_\_\_\_\_ I agree to the above (initial)

**Parent:**

I agree to allow my child to volunteer at the above site. I have reviewed what s/he will be doing and agree that it is a safe environment and task. I will do what I can to assist my child in maintaining a volunteer schedule that appropriately meets the needs for the course and for my child's daily schedule.

\_\_\_\_\_ I agree to the above (initial)

**Submit all forms via one of the following options (listed in order of preference):**

1. scan and attach to assignment within the class
2. **fax to 262-970-1148**
3. mail to : eAchieve Academy  
Attn: Jennifer Lemke-Pawlak  
222 Maple Ave  
Waukesha, WI 53186

Jennifer Pawlak, Service Learning Coordinator 262-993-5927 [jlemke-p@waukesha.k12.wi.us](mailto:jlemke-p@waukesha.k12.wi.us)