

Please return the contract and agency forms to Lucille Durham-Lacy Social Work.

Mississippi Valley State University

Office of Community Service Learning/Lois Aron Chapel

Highway 82 West, Box 7304 Itta Bena, MS 38941

Phone: (662) 254-3883/Fax: (662) 254-3455

Walk-In Hours: Monday/Thursday (8:00am-5:00 pm) Fri. (8:00a.m. - 4:00p.m.)



SERVICE LEARNING CONTRACT

Name of Student: _____
(Please Print) Last First MI

Name of Agency: _____

I _____, agree to allow the above named student to
(Please Print)
spend twenty (20) hours in this agency performing volunteer service. I understand that the tasks assigned to the student should help enhance their understanding of social work with this agency. The student must also perform according to established agency standards or he/she will be immediately dismissed.

Signature of Agency Representative

Date

I _____, agree to perform (20) volunteer hours in the
(Please Print)
above named agency. I understand that if I fail to perform according to agency standard, I can be dismissed.

Signature of Student

Date

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SERVICE LEARNING AGENCY FORM

Please Print

Student Name: _____ Social Security Number: _____
Last First

Student Address: _____
P.O. Box, Street, Route City State Zip

Student Phone Number: _____

Agency Name: _____

Agency Address: _____
P.O. Box, Street, Route City State Zip

Agency Phone Number: _____

Services Agency Provides: _____

What learning/service will take place with student at this agency?

Who will be supervising student during this learning service experience? What is their title?

Signatures

Agency Representative _____

_____ Date

Student _____

_____ Date

This form should be returned and approved before student begins their service learning experience.

Mississippi Valley State University

Service Learning Time Sheet



Date	Time-In	Time-Out	Signature
<hr/> Student Signature			<hr/> Date
<hr/> Verifier Signature			<hr/> Date