

**COMMUNITY-BASED LEARNING CONTRACT AGREEMENT**  
**DOMINICAN UNIVERSITY OCL Office**

|                          |   |
|--------------------------|---|
| <b>Student Name</b>      | <b>Course Title &amp; number:</b>                 |
| <b>Group Name</b>        | <b>Agency &amp; Number of CBL Hours required:</b> |
| <b>Telephone (Cell)</b>  | <b>Agency Email:</b>                              |
| <b>Student ID number</b> | <b>Instructor name:</b>                           |

**Required Approval Signatures**

|                             |  |      |  |
|-----------------------------|--|------|--|
| <b>1. Agency Supervisor</b> |  | Date |  |
| <b>2. Instructor</b>        |  | Date |  |
| <b>3. Instructor</b>        |  | Date |  |

I, \_\_\_\_\_ (name of student), hereby acknowledge that I am enrolled in a Community-based Learning class at Dominican University. I understand that to participate in this program, I am required to travel to and from my agency. I further understand and agree that Dominican University is neither responsible nor liable for any injury, damage, or loss incurred while traveling to or from the agency, or while at the agency, and that I am solely responsible for my actions, inactions, and/or behavior while participating in this program, and agree to and shall save and hold harmless Dominican University,

I certify that I have no physical condition or disability that I have not disclosed which might affect my participation in this program. Should I develop a condition or injury, which limits my participation in the program I will immediately notify the Office for Civic Learning and provide medical documentation as required.

**Additionally, with my signature below, I acknowledge my permission for any quotation of my comments, video, or still photography made with my image and any sound recording of my voice to be applied to a variety of uses by Dominican University.**

**Student declares and also agrees to the following:**

- I will comply with agency policies, standards and regulations and serve in a professional manner with respect for others, especially with regard to **confidentiality**. I understand that all activities, in which I am involved as a service-learner are strictly confidential. I will not release any type of personal information concerning clients of the agency listed above, without written authorization from appropriate persons.
- I will complete the Community-based Learning assignment/ contract that I have made a commitment to and will be on time or call the agency if I cannot attend due to illness or emergency.
- I will contact Paul Simpson, Director of the Office for Civic Learning (708-524-6670; pvsimpson@dom.edu) if I have concerns, or difficulties with this agency AFTER I have spoken to the agency supervisor.

I hereby affirm that I have read and understand the terms and conditions of this Liability Waiver and Release Form and agree to accept the terms and conditions. I further agree and acknowledge that I will abide by all responsibilities as outlined in this document.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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Return to the Office for Civic Learning - Lewis 216 by **February 1, 2019**