**SERVICE LEARNING CONTRACT**

**This document is required to be on file *(with advisor)* for each Service Learning Experience attempted.**

**Note: All service experiences must be approved prior to volunteering in the community for credit.**

**Name of Non-Profit Organization**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Contact** *(Person who supervised your service):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position/relationship** of contact person to organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone of contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone of Organization:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization’s Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CONTACT PERSON;** Please describe the duties related to this Service Learning opportunity:

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**Student:** *(Please reflect on your Service Experience)* Talking points include, but are not limited to:

What did you learn about the community you served? What did you learn about yourself having served this community? What was the most memorable part of this experience? If you could do it again, what would you do differently? What would you say to others interested in serving this community?

*(Feel free to use additional paper or the back of this document in order to provide a meaningful response.)*

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