



(FOR SERVICE LEARNING PROJECTS THAT ARE ONE-TIME EVENTS OR LESS THAN 8 HOURS)

THIS FORM MUST BE RETURNED TO THE SERVICE LEARNING CENTER

Oceanside Campus – Room 3306, Office: (760) 795-6616

Program Manager: Bea Palmer, servicelearning@miracosta.edu ♦ www.miracosta.edu/serve

Please read the following statement carefully. By signing this volunteer agreement form, you are agreeing to participate in service activity and waive district liability as set forth in this declaration for said participation.

All persons traveling to and from the volunteer site shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness or death occurring during the trip. I agree that any accidents or infractions (moving violations) incurred while driving my own vehicle are the sole responsibility of myself. I will not hold MiraCosta College District, its employees and agents responsible for any such damage, injury or liabilities. Further, injuries and or illnesses occurring during or as the result of my participation in the service learning class should be covered in accordance with the premiums of the student insurance program as the secondary health insurance carrier.

Student's Name: _____ Student ID #: _____

E-mail: _____ Phone: _____

Course: _____ Instructor: _____ Semester: _____

Service Learning Site: (Organization MUST be an APPROVED MiraCosta Service Learning Site)

Name of Organization: _____ Phone: _____

Name of Supervisor: _____ Email: _____

Duties performed: _____

DATE	TIME IN	TIME OUT	TOTAL HOURS	SUPERVISOR'S SIGNATURE <i>I agree to provide supervised course connected service projects</i>

Student's Signature
I agree to perform my duties to the best of my ability.
I have read the liability waiver and agree to its terms.

Date