



**SERVICE-LEARNING RELEASE FORM**

Carroll Community College (CCC) sponsors service-learning for students as a means of providing a comprehensive and diverse learning environment. As a part of service-learning, my picture or voice may be recorded. The Release and Authorization Form on the back of this page must be signed *if* you agree to have your likeness or voice used for any purpose by CCC. Service-learning participants and leaders are expected to conduct themselves in a professional and positive manner as representatives of CCC. I will abide by all the rules and regulations of CCC and read and adhere to the Code of Conduct found in the College catalog, College Regulations/ Policies, Section Six: Code of Integrity, Part II: Student Conduct. Failure to follow operating guidelines, instructor/staff directives, and the Code of Conduct may result in disciplinary or other action.

**Student Name:** \_\_\_\_\_ **Semester/Year:** \_\_\_\_\_  
**Instructor Name:** \_\_\_\_\_ **Instructor Email/Phone:** \_\_\_\_\_  
**Course Name:** \_\_\_\_\_ **Course Number:** \_\_\_\_\_  
**Course Dates:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

In order to meet learning objectives, the student will participate in the following activities: \_\_\_\_\_

**I. SPECIAL ACTIVITIES/ RISKS:** \_\_\_\_\_

List any risks specific to this service-learning activity- e.g.: air travel, vehicle travel, foot travel, certain physical or outdoor activities, equipment, special environments or exposures

This is to certify that \_\_\_\_\_ (Student/Participant Name – Print) has full permission to, or has voluntarily agreed to travel in a group or independently, off campus, within the United States, in connection with a service-learning field trip, function, event, or course of Carroll Community College.

**II. By signing below, the Student 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 will be on time, call my supervisor if I cannot attend due to illness, and will carry out the assigned and agreed upon tasks or services. If I find that the tasks and activities are not applicable to my learning goals, I will communicate my concerns to my Site Supervisor and provide input for improvement.

**III. By signing below, the Site Supervisor agrees to the following:** I will provide orientation and necessary training to the students, thereby stating clearly the goals of the program/agency and the needs of the population served. I will work with the Student to ensure that learning objectives are being met, and to identify appropriate activities to support the student’s learning goals. Additionally, I agree to the terms of the Community Partner Memorandum of Understanding that the agency has completed and returned to the Center for Service-Learning. I will contact the Center for Service-Learning (410-386-8413) if I have concerns, difficulties and/or feedback regarding this placement.

**Student:** \_\_\_\_\_ **Agency Supervisor:** \_\_\_\_\_  
Date Date

**IV. LIABILITY WAIVER / RISK ACKNOWLEDGEMENT:**

I understand that participation in Service-Learning activities could involve risk of physical injury, illness, death or property loss, and despite safety precautions, the College cannot guarantee safety thereof, as all risks cannot be prevented. The College does not provide health and accident insurance for trip participants, and I understand that any medical expenses, property loss, or other personal expenditures that result during or from this travel/trip are to be borne by the student/participant, or by their parent or guardian (if student/participant is a minor). I also hereby consent and give authorization to advisors to secure any emergency medical treatment in event I am unable to, and I agree to be responsible for the costs thereof.

