

COMMUNITY SERVICE 101 AGREEMENT FORM

Community Benefit Agency Section

This agency agrees to engage the student under the same conditions and rules that govern other employees and volunteers without regard to race, creed, color or sex. We agree to hold the California State University, Fresno, its employees and agents, free and harmless from any claims and causes of action resulting from our voluntary participation in this program. We agree to provide general work site orientation, supervision and make every reasonable effort to provide a safe working environment. We understand that we are accepting the student as a volunteer, that we are not responsible for providing wages, but agree to assist California State University, Fresno by certifying that the student completed the minimum hours of community service required by the Com S 101 course (45, 90, or 135 hours for the semester). We also understand that the University provides no insurance coverage for this program (including Worker's Compensation Insurance).

Agency Name, Address & Zip (Please Print)

Name and Title of Agency Representative/Supervisor (Please Print)

Phone Number

Signature of Agency Representative/Supervisor

Date

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Student Section

I agree to abide by the requirements of the COMS 101 course and the guidelines set forth by the above agency. I agree to hold the California State University, Fresno, its employees and agents, free and harmless from any claims and causes of action resulting from my voluntary participation in this program. I understand that I am responsible for turning in all forms to the University at the required times and for meeting all deadlines. I understand that I must complete the required hours (45, 90, or 135) as a volunteer with a community benefit organization, complete a summary paper, and attend a year-end Reflection Workshop by the end of the current semester in order to receive academic credit. I also understand that the University provides no insurance coverage for this program (including Worker's Compensation Insurance).

Name, Address and Zip of Student (Please Print)

Phone Number

of Units Enrolled in COMS 101

Student ID Number

Term and Year Enrolled (Fall, Spring, or Summer)

Signature of Student

Email Address

Date

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University Section

California State University, Fresno will provide guidance and supervision for any accredited educational training associated with this program. We will assist the agency and student with all related matters and, when appropriate, will assist the agency in appraising student performance. The University will provide credit to qualified students but will not provide the student or agency with any kind of insurance coverage (including Worker's Compensation Insurance) for this program.

Chris Fiorentino, Instructor/Director

Student must return completed form to:

**Richter Center for Community Engagement & Service-Learning
Thomas Administration Building, Room 107
5241 N. Maple Avenue, TA 120
Fresno, CA 93740-8027
<http://www.fresnostate.edu/academics/cesl>
Phone: (559) 278-7079 Fax: (559) 278-7634**

SUBMITTAL DEADLINE: BEFORE BEGINNING SERVICE HOURS and no later than the end of the fourth week of the semester. **Please Note:** If this form is not submitted as required above, students risk the right to use the hours served with the agency listed for the purpose of satisfying COMS 101 course requirements.