

Fill out this side  
before your project

## Service Learning Agreement Decatur Public Schools

Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
(legible) Last Name, First Name

### Not-for-Profit Organization

Organization where you volunteered: \_\_\_\_\_  
Contact Person (print): \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I agree to accept the services of \_\_\_\_\_, a Decatur Public School District student. In exchange for these services, I agree to train and supervise the student. We will not allow the student to participate in any activities that we deem to be unsafe for his/her age or experience. We do \_\_\_ do not \_\_\_ provide liability insurance.

Contact Person Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Student

I, the above student, have elected to provide service at the above site. I agree to abide by the regulations/policies of this site and the Decatur Public Schools and to provide to the best of my ability the tasks specified in this agreement. I agree to call the site in advance if I am late or unable to attend for any reason. Failure to do so may result in termination of this agreement.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent

I, parent, legal guardian of the above student, approve his/her participation at this site and agree to lend support and encouragement to my child in the service he/she will render to the site we have chosen. I accept responsibility for my student's transportation to and from the site.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Medical Release Information

If parent/guardian is unavailable, please notify the emergency contact person below:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The student has my permission to be transported and treated by any doctor assigned by the service site in an emergency or accident.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Pre-Service Preparation

Before you begin your service learning project, it is important to prepare yourself for the experience.

Briefly describe the Service Learning project and your role in it:

Discuss the problem or need you will address during your service. Why is this important?

What do you hope to learn from this experience?

About yourself?

About your community?

About the organization?

About the issue?

# Decatur Public Schools District 61

Keil Administration Building  
101 West Cerro Gordo Street  
Decatur, Illinois 62523  
217-424-3000

## Verification for Service Learning Project

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after your project

### Dates of Service

From	To	#Days of Service	# Hours/Day	Total # Hours Completed

Contact Person Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Post-Service Reflection

In order for your service learning hours to be registered, you will need to complete a reflection. You may do this through written paragraphs, collage of pictures with descriptions, video presentation, audio presentation, artwork, diary of your experiences or other method pre-approved by your guidance counselor. You may use the place below or you may attach additional pages or works of art. Use the questions on the attached page as a guide.

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Return this agreement and any attachments to your Guidance Counselor following the completion of your work with the organization.

Project Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
*Guidance Counselor*

## **Post-Service Reflection Questions to get you started**

1. Think back to your attitude about Service Learning prior to your experience. Did your experience change or confirm your attitude? Describe your experiences as you answer this question.
2. Based on your service Learning Experience, discuss the problems that your site addressed. What do you think might be a good way to solve the problems that your service organization addresses? How did you address these issues during your project? Did your project address a symptom or a root cause?
3. How is your service organization important to the people it serves? What changes would you suggest to the director or Board of Directors? What was your role in the agency's delivery of services?
4. Do you have more or less sympathy/understanding for the problem you addressed than you did before your Service Learning experience?
5. Did you take risks or did you play it safe during this experience? Were you challenged? Did you grow in any way? Did this experience impact the way that you see yourself or the world?
6. What was the best experience during your Service Learning project? What was the worst experience? How would you approach this project or another project differently next time?
7. Did the Service Learning experience impact the way that you are thinking about potential careers? If so, how? Describe what you did during your experience, to what issues you were exposed, the skills you gained, and/or the discussions you had that impacted your thinking about careers.