Dear Organization Supervisor:

On behalf of the Missouri University of Science & Technology (Missouri S&T) Service Learning Program, we thank you for considering becoming a partner with us to provide richer educational opportunities for our students. By accepting our service learning students, you are helping these students integrate classroom theory with real life experiences, improve their learning and develop skills for the workplace.

As an organization supervising Missouri S&T students involved in a Service Learning Project, you will ensure that these students are provided with the following:

- Orientations, training and supervision*;
- A description of the skills needed for Service Learning Students;
- A clear description of the assigned Service Learning work including expectations, requirements and responsibilities**; and,
- A safe and appropriate working environment
- Liability insurance coverage

* The Missouri S&T students will be serving as volunteers providing services to and under the supervision of your organization. Your organization agrees to hold harmless and indemnify the University, its officers, agents, and employees from all claims, losses, and expenses arising out of acts or omissions of these students while serving as volunteers.

** Note: The Missouri S&T students are neither licensed nor insured to provide engineering design or other professional services.

The Missouri S&T Service Learning Instructor will ensure that your organization is provided with the following:

- Direct consultations for identifying appropriate tasks for students;
- Orientations for organization supervisors regarding student needs and capabilities;
- Student candidates for Service Learning placements (this will vary each semester); and,
- On-going follow-up and support regarding students’ progress and contributions.

This agreement is for the period August 1, 20___ through July 31, 20___.

Please sign the bottom portion of this page and complete the attached STATEMENT OF SERVICE NEEDS form. Please return the completed forms to the office below:

Attn: Dedie Wilson
Academic Service Learning Program
Office of Undergraduate Studies
Missouri University of Science & Technology
320 W 12th Street ~ 105 Norwood Hall
Rolla, Missouri 65409
573-341-7585 ~ byfieldr@mst.edu

Our organization is able to participate in the Missouri S&T Academic Service Learning Program. We agree to comply with the program requirements listed above and to be included in the Missouri S&T Academic Service Learning on-line directory.

Organization Name: ____________________________________________
Organization Address: ____________________________________________
Signature of Organization Rep.: ________________________________ Date:________________
MISSOURI UNIVERSITY OF SCIENCE & TECHNOLOGY  
ACADEMIC SERVICE LEARNING PROGRAM  
STATEMENT OF SERVICE NEEDS

Date: __________

Organization Name: _________________________________________________
Street Address: _____________________________ City: ________________ Zip: _________
Contact Person(s): ______________________________________
Telephone Number: ____________________ Ext. _____________ Fax: _______________
E-mail Address: ________________________________________

Organization Description/Mission:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Service Learning Opportunities at Your Organization:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Orientation/Training schedule (if applicable):
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Special Conditions or Requirements:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Number of Service Learning Students Needed: __________
Time of Year Needed (Specify date(s), if applicable): __________________
Hours of Operation When Students Are Needed: ________________
Minimum Hourly Commitment Required: Weekly: __________ Other: __________
Do you have liability insurance that covers your organization’s volunteers? YES ___ NO ___

Contact Person’s Signature: ___________________________________________________________
Comments:

Please complete this form and return it to the office below:
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