



Experiential Learning Agreement – EMPLOYER/COMMUNITY PARTNER Page

INSTRUCTIONS: LOYOLA STUDENT is responsible for filling out this ENTIRE PAGE, which should then be detached and left with the organization’s volunteer/intern coordinator or the student’s supervisor at the community/internship site.

STUDENT INFORMATION:

Student Name: _____

Student Major(s): _____ Year (circle one): FR SO JU SE GRAD

Student Phone #: _____ Student LUC e-mail: _____

COURSE & INSTRUCTOR INFORMATION:

Course Title(s): _____

Course/Section # (e.g. UNIV 290-01E): _____ Class start/end dates: _____

Total hours of engagement required for this class: _____ Completion date: _____

Instructor Name(s): _____

Instructor e-mail(s): _____ Instructor office phone: _____

Student: what are the top three things you/your instructor(s) hope you will learn from the fulfillment of your responsibilities with this organization?

- 1.
2.
3.

STUDENT AGREEMENT: As an experiential learning student from Loyola University Chicago, I agree to:

- Attend any required orientation or trainings, and complete any required background checks or paperwork associated with working/serving at this site in a timely manner;
Serve my scheduled hours as agreed upon with my site, even if those hours should be more than the minimum required by my class(es), in a timely manner;
Contact my site/supervisor in advance if I am unable to complete my scheduled duties for any reason;
Act in a professional and responsible manner, and abide by the Loyola Code of Conduct at all times;
Maintain personal health insurance or Loyola student health insurance along with liability insurance if my personal vehicle will be used;
Notify my site supervisor immediately if I encounter any problems in the fulfillment of my duties;
Keep track of my hours and complete all duties/projects agreed upon with my site supervisor by the end of my term as a volunteer or intern.

Student Signature

Date



The Center for Experiential Learning

GENERAL INFORMATION for Experiential Learning Partners/Employers

Dear Employer/Volunteer Supervisor:

The student who has presented you with this form is enrolled in one or more classes at Loyola University Chicago that require him/her to engage with the broader community as part of his/her academic coursework. It is our intention that our students not only LEARN from this experience, but also make a **real and valuable contribution to your organization’s work and mission.**

As an **employer/volunteer supervisor** of Loyola experiential learning students, you have the right to:

- Require students to fulfill ALL the requirements and expectations of non-student interns/volunteers, including minimum commitments that exceed those required by the students’ classes;
- Terminate the internship/volunteer position of any Loyola student whose inadequate performance of his/her role would constitute a threat to the student, the staff, or the clients of the experience provider;
- Maintain insurance appropriate to operations.
- Hold Loyola University Chicago harmless from any liability for loss or damage arising from the acts or omissions of the employer/volunteer supervisor;
- Refuse to document/approve student hours that are incomplete or conducted in an inappropriate or unprofessional manner;
- Contact students’ course instructors and/or the Center for Experiential Learning staff at any time to clarify students’ roles, expectations, and learning outcomes in connection with this experience.

As a **co-educator** of Loyola experiential learning students, we ask that you:

- Ensure the focus of opportunities provided is for educational purposes and intends to benefit the student(s);
- Establish clear boundaries for students’ roles, duties, and schedule, and provide them with all necessary training and supervision required to complete their assigned responsibilities;
- Aid students in recognizing and managing risks associated with performance of their duties, and regard the safety of Loyola students as a priority equal to that of your employees/clients;
- Place students in roles that are complementary to their course’s stated learning outcomes, insofar as possible without compromising your organization’s priorities;
- Be available to discuss problems or concerns that may arise during the students’ performance of their assigned duties;
- Communicate any concerns with students’ performance to course instructors and/or the Center for Experiential Learning staff in a timely, clear, and appropriate manner.

TO REPORT AN INCIDENT/CONCERN WITH A STUDENT:

Course instructor contact information is available on the front of this sheet.

Andrew Miller, Community Partnerships Coordinator.....amiller11@luc.edu | 773.508.7690

Susan Haarman, Service-Learning Program Manager.....shaarman@luc.edu | 773.508.7080

Cynthia Stewart, Academic Internship Program Manager..... cstewart8@luc.edu | 773.508.6090

Or complete the Experiential Learning **Incident Report**: http://luc.edu/experiential/incident_report.shtml

Fall 2019 Semester

- 8/26 – Classes Begin
- 10/7-10/8 – Fall Break
- 11/27-11/30 – Thanksgiving Break
- 12/7 – Classes end

Spring 2020 Semester

- 1/13 - Classes begin
- 3/2-7 - Spring Break
- 4/9 – 4/13 -Easter Break
- 4/24 - Classes end

EMPLOYER/SUPERVISOR: PLEASE RETAIN THIS PAGE FOR YOUR REFERENCE

For more information, visit www.luc.edu/experiential



Experiential Learning Agreement – INSTRUCTOR Page

INSTRUCTIONS: STUDENT is responsible for filling out this ENTIRE PAGE during initial interview/orientation with employer or volunteer supervisor. ALL INFORMATION ON THIS PAGE **MUST BE ENTERED INTO LOCUS** by the student in order to substantiate his/her completion of the University Engaged Learning Requirement. Once this information has been entered into LOCUS, this signed form should be given to the Course Instructor for his/her records and to verify the student’s volunteer/internship position.

STUDENT NAME: _____

Course/Section # (e.g. UNIV 290-01E): _____ Instructor Last Name: _____

SERVICE or INTERNSHIP SITE INFORMATION:

Organization Name: _____

Department/Program: _____ Position: _____

Address of primary service/internship site: _____

City, State: _____ Zip Code: _____

Position start/end dates: _____ Projected Total Hours of Service: _____

INTERNSHIPS ONLY Approximate hours/week: _____ Compensation: \$_____

SUPERVISOR INFORMATION:

Supervisor Name: _____

Supervisor Title: _____

Supervisor E-mail: _____ Supervisor Phone: _____

*Student: Based on your class requirements and on your conversation with your supervisor/employer, what are the **top three things** you hope to learn/accomplish in the fulfillment of your responsibilities to this site?*

- 1.
- 2.
- 3.

SUPERVISOR SIGNATURE: _____ Date: _____

On behalf of my organization, I agree to provide supervision to the above-named student in the fulfillment of his/her duties as a volunteer or intern for the time and terms stated above. I am aware of my rights and responsibilities as stated on the previous pages of this document, and have received course and instructor contact information from this student in compliance with the policy of Loyola’s Center for Experiential Learning (www.luc.edu/experiential).



GENERAL INFORMATION for Experiential Learning Course Instructors

Dear Course Instructor:

Thank you for supporting this student in your experiential learning (i.e. service-learning or academic internship) class.

Please use the information recorded on the previous page to contact this student’s site supervisor in case of questions or concerns about his/her volunteer or internship experience. This information should also be available via your class roster in the Faculty Center in LOCUS.

Upon receipt of this form, **please VERIFY that student-entered site and supervisor information in LOCUS is complete and correct.** Once you have reviewed the student’s information, **please click the box next to “Instructor Approval”** to electronically sign off on the student’s engaged learning commitment in connection with your class. This approval is essential for risk management and documentation purposes, and we appreciate your cooperation.

As the course instructor of an experiential learning class at Loyola University Chicago, you agree to:

- Clearly communicate the expected learning outcomes of students’ community-based work;
- Verify the details of students’ class-related community-based commitments in LOCUS;
- Provide reflection opportunities and assignments to help your students relate their community-based learning to other course content;
- Communicate with your students regarding their community-based learning on an on-going basis;
- Communicate as needed with site supervisor(s) regarding students’ fulfillment of their community-based commitments;
- Keep in contact with Center for Experiential Learning staff to discuss any problems or issues that may arise regarding students’ community-based work.

TO REPORT/RESPOND TO A CONCERN WITH A STUDENT’S COMMUNITY-BASED WORK:

Site supervisor contact information is available on the front of this sheet.

Center for Experiential Learning (CEL) program staff Information:

Susan Haarman, Service-Learning Program Manager.....shaarman@luc.edu | 773.508.7080

Cynthia Stewart, Academic Internship Program Manager.....cstewart8@luc.edu | 773.508.6090

*Or complete the Center for Experiential Learning’s **Incident Report:***

http://luc.edu/experiential/incident_report.shtml

A CEL staff member will respond to your concern as soon as possible.