UDM Leadership Development Institute
ldi@udmercy.edu/ldi – www.udmercy.edu – Briggs 232
313-993-2003 – FAX 313-993-1166

To verify that the student has made arrangement to start service

SL2

Service Learning Form 2: Service Agreement ***Student:*** *completed and signed by you & service site volunteer coordinator; to the teacher* ***by 4th week of class***

2 0 _ _ / 0 _

Starting Year / Month _ Course #(i.e.Mus1000) _ Section _ Teacher's last name, as much as fits

Your Last Name | **First Name**

Name of Agency to be served

Last Name of agency representative | **First Name**

Agency Street Address

City | **ST** | **ZIP** -

( ) -

Agency representative phone

Title of agency representative

Agency representative e-mail

Student: How many hours can your serve? ____

What do you and the teacher of this course hope you gain from service with this agency?

Agency Rep: Will you be able to make use of this student volunteer in a way that serves the needs of your agency and provides the student with the experience the course seeks? [ ] YES [ ] NO

Signature of Rep__________________ Signature of Student________________ Date: ___/___/____

The student is expected to serve professionally, as agreed upon. If the agency rep or student experience any problems prior to completion, please contact LDI at 313-993-2003 or ldi@udmercy.edu

University of Detroit Mercy Leadership Development Institute - helping us continue the work of Catherine and Ignatius in compassionate care of the poor and marginalized by seeing, feeling, helping, and fostering lasting change.