

STEPS FOR COMPLETING THE SERVICE LEARNING PACKET

PLEASE READ ALL of the information contained in this document carefully.

Fully and accurately complete the three requirements outlined for the CAVE Service Learning Packet.

- Label every document with your course and instructor to ensure proper routing of your paperwork.
- Using the checklist below, please look over your paperwork to determine that everything is complete.

INCOMPLETE PACKETS WILL NOT BE ACCEPTED!!!!!!

1) LEGIBLY Complete all of the paperwork contained in this packet, consisting of the following forms:

- Cover Page
- CAVE Service Learning Application (2 pages)
- Personal and Professional Fitness Form
- Assumption of Risk and Release of Liability Form (2 pages)

2) Submit a Letter of Recommendation from a Professional Source.

- ❖ **Exception:** If you have been placed by CAVE in the past two (2) years, you DO NOT need to submit a letter of recommendation. Please fill in the section on the application that indicates the PROGRAM and SEMESTER you last volunteered through CAVE.
- ❖ If you have difficulty securing a letter, please contact CAVE immediately for guidance.
- ❖ **The letter can be brief, but it must meet the following criteria:**
 - Written by a professional contact, such as an employer, a faculty member, or a coach – it CANNOT be written by a friend, roommate, relative, or the course instructor.
 - Written on letterhead, with all appropriate contact information for the writer of the letter
 - A statement of how the person knows you and for how long.

3) Results of negative Tuberculosis (TB) test.

- ❖ The test must be taken within four years of your service start date
- ❖ The CSU, Chico Student Health Center will conduct this test for free. **Please do not postpone the process!**
Student TB Tests are offered at the Student Health Center. Please refer to the Student Health Center website for clinic times. <http://www.csuchico.edu/shs/>
- ❖ If you have had a TB test within the 4-year timeframe, you can ask your doctor for a copy of the results or have the information sent to the CAVE office using the contact methods outlined on the next page.
- ❖ This step does not apply to the following individuals:
 - Those who are currently employed by a school district
 - Those who were placed by CAVE in the last 4 semesters (2 years)

If you have general questions about the packet, please refer to the “Frequently Asked Questions” section of the CAVE website. If your question isn’t answered, submit questions using the online form, or send emails to caveservicelearning@csuchico.edu. The Service Learning staff can be reached at (530) 898-3356 or 898-5817.

**Submit your completed Service Learning Packet
to the CAVE Office (BMU 309) by February 9, 2018.**

SERVICE LEARNING PACKET CHECKLIST

<ul style="list-style-type: none"><input type="checkbox"/> Cover Page<ul style="list-style-type: none">• Indicate Class Information and own placement information if applicable<input type="checkbox"/> Service-Learning Application (2 Pages)<ul style="list-style-type: none">• Fill in blanks and sign on page 2<input type="checkbox"/> Personal and Professional Fitness Form<ul style="list-style-type: none">• Full explanation of yes answers• Signature and printed name on bottom<input type="checkbox"/> Assumption of Risk & Release of Liability<ul style="list-style-type: none">• Fill in blanks and sign page 2• Emergency info complete•	<ul style="list-style-type: none"><input type="checkbox"/> Letter of Recommendation<ul style="list-style-type: none">• On letterhead• Statement of how person knows you• Statement of appropriateness for service• Contact info included<input type="checkbox"/> Negative TB results (as applicable)<ul style="list-style-type: none">• Test taken within four years of start date• Negative results<input type="checkbox"/> All pages, including attachments, are labeled with name, course, and instructor
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SUBMITTING PAPERWORK AND CONTACTING CAVE DURING THE SEMESTER

Orientation: In the first two weeks of the course, your instructor will present a video orientation and answer any questions that arise. You will be provided contact information for CAVE staff who can assist you.

CAVE Website: Visit our Service Learning Page at <http://www.as.csuchico.edu> for further information and a “Frequently Asked Questions” feature.

Contact Information for the CAVE Service Learning Staff:

CAVE Office - BMU 309
Open Monday to Friday 8:30am to 5:00pm
(530) 898-3353 or (530) 898-5817
Fax (530) 898-3117
caveservicelearning@csuchico.edu

Submit your completed packet to the CAVE office by the deadline outlined.

- ❖ Please make sure any documents you submit are directed to CAVE Service Learning staff and your name and class is written on every document.
- ❖ If you are a distance learner you may fax your completed packet to (530) 898-3117.

Packets will be reviewed on a **first come first served basis**. It may take up to a week to review your packet. If you haven't heard from a CAVE staff member after a week please contact us.

Cover Page for the Service Learning Packet

Your name: _____

1. Class Number & Section _____ Instructor _____

- Does this class require placement by CAVE? ☐ yes ☐ no (if yes, complete #4 or #5 as applicable)

2. Class Number & Section _____ Instructor _____

- Does this class require placement by CAVE? ☐ yes ☐ no (if yes, complete #4 or #5 as applicable)

3. Class Number & Section _____ Instructor _____

- Does this class require placement by CAVE? ☐ yes ☐ no (if yes, complete #4 or #5 as applicable)

4. Teacher Education Students please check the appropriate box for the subject area you need placement in.

☐ Multi Subject

☐ Single Subject

5. If you are enrolled in a course that requires placement by CAVE, you have the option to secure your own placement, subject to the approval of CAVE or of your instructor. Please complete the following if you have found your own placement. *By initialing, you release CAVE from the responsibility of placing you in your service learning placement. You've found an alternative placement which meets the requirements of your field service and have permission from your instructor*

Your Initials:

Agency or School: _____

Site Supervisor/Teacher: _____

Location of Placement: _____

Which class is this placement for?
(listed above)
1, 2, or 3

FDA's Initials:

☐ Letter of Rec. in Packet

☐ Negative TB results

☐ Previous Volunteer (within 2 years from the start of the service)

- Letter of Rec.

- TB

Name	Course	Instructor
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CAVE SERVICE LEARNING APPLICATION

Please list the service-learning course(s) for which this application is being submitted. If you are enrolled in more than one course, please only complete one packet. This packet will apply to all courses.

Class	Section	Professor

Name _____ Email _____

Phone _____

Local Address _____ City _____

Permanent Address _____ City _____

Emergency Contact (Name & Relation) _____ Phone _____

Major _____

Classification Circle One: *FR* *SOPH* *JR* *SR* *GRAD*

	Yes	No
I have volunteered at CAVE or been cleared by CAVE for another class in the past. If yes, which program _____ Semester/Year _____		
Do you have access to a car? If no, what other form of transportation will you be using? Bus _____ Bike _____ Other (please specify) _____		
I am planning to get my California teaching credential. (Please indicate below.) <input type="checkbox"/> Multiple subject <input type="checkbox"/> Single subject (subject: _____) <input type="checkbox"/> BCLAD <input type="checkbox"/> Special Education <input type="checkbox"/> Tri Placement		
Do you already have a placement in the community? If YES, Where: _____ <ul style="list-style-type: none"> Also indicate your own placement information on the COVER PAGE 		
Do you speak any language other than English? List here _____		

List previous experience you have had which would prepare you to the population you have selected:

What can you offer a participant in this program & how can you apply your skills?

Name	Course	Instructor
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CAVE NEW SERVICE-LEARNING APPLICATION (Page 2)

Please **LEGIBLY** mark the times you **ARE** available to volunteer with an **X**.

The more time you provide, the more likely it is we will find a placement which matches your interests.

Note: Due to school schedules, placements are available *Monday-Friday from 8:00 am to 3:30 pm*. Plan accordingly.

Consider travel time before and after class when making your schedule.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-8:30					
8:30- 9:00					
9:00-9:30					
9:30-10:00					
10:00-10:30					
10:30-11:00					
11:00-11:30					
11:30-12:00					
12:00-12:30					
12:30-1:00					
1:00-1:30					
1:30-2:00					
2:00-2:30					
2:30-3:00					
3:00 and on					

PLEASE INITIAL NEXT TO EACH ITEM BELOW, INDICATING THAT YOU HAVE READ AND UNDERSTOOD THE STATEMENT.

- _____ I understand the CAVE Service Learning Program is an extension of my service learning course and should be respected as such.
- _____ I understand CAVE staff members are a resource for solving problems within the course of my service. I will contact these individuals as problems arise to keep them apprised of my situation.
- _____ I understand the CAVE office will make no more than three attempts to contact me before considering me inactive. If I do not return phone calls or email after such time my Instructor will be contacted.
- _____ I will abide by all dress codes policies outlined by my placement site.
- _____ I understand it is inappropriate to use or be in possession of alcohol, drugs, or firearms at any time during my service.
- _____ I understand all information concerning clients, volunteers, and staff affiliated with CAVE and the service site is regarded as personal and confidential. It is expected that CAVE staff, volunteers and service learning students will exercise the highest level of ethics and professionalism regarding confidentiality.
- _____ I understand CAVE does not provide or facilitate transportation to the placement site.
- _____ I understand the CAVE deadline for turning in my service learning packet is _____ and I will abide by this date.

I understand and agree any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from service with the Associated Students (AS) and Community Action Volunteers in Education (CAVE) and will result in notification to the College or School associated with my placement and Student Judicial Affairs. I am aware participating in certain programs may require disclosure of personal information, and a criminal background check. I consent to the AS obtaining such information and voluntarily give the AS and CAVE the right to investigate all references and to secure additional information as necessary about my suitability for participation. I understand all information obtained, whether oral or written, will be kept strictly confidential and only shared with those persons required by law or those who participate in the decision making process related to my placement to determine my qualification for programs. Participants in the decision making process include, but are not limited to, the AS, CAVE staff, the College or School associated with my placement and the community partner. I also understand placements are not guaranteed and it is the sole discretion of CAVE, the AS, and the community partner to place or remove me from a program.

Volunteer Signature _____

Date _____

If you need adaptations or accommodations for any reason, including religion, creed, gender identity, gender expression, a disability or chronic illness, please make an appointment to meet with the CAVE Program Coordinator or Program Director privately to discuss your specific needs.

Name	Course	Instructor
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PERSONAL AND PROFESSIONAL FITNESS

This form must be on file in the CAVE office before you are permitted to serve in any school or agency/facility.

Please answer the questions below by checking “yes” or “no.” **If you answer “yes” to any question (except “a”), please provide a full explanation on the Explanation Form.**

	YES	NO
a. Have you ever held a Certificate of Clearance credential or permit authorizing teaching or service at public school in California or another state?		
b. Have you ever had any credential, including but not limited to any Certificate of Clearance, permit, credential, license, application for the preceding, or other document authorizing public school service or teaching, suspended, revoked, voided, denied and/or otherwise rejected for cause in California or any other place?		
c. Have you ever been dismissed, resigned from, or otherwise left school employment because of allegations of misconduct?		
d. Is any inquiry, investigation, criminal charge or disciplinary action now pending against you by any licensing agency, law enforcement agency, or school district?		
e. Have you ever been charged with or convicted of a violent or serious felony as defined in California Education Code 45122.1? For the purposes of this code section, a violent felony is any of those listed in subdivision C of Penal Code Section 667.5 and a serious felony is any listed in subdivision C of Penal Code Section 1192.7.		

I understand that my fingerprints may be requested by the Department of Education and checked by the State Department of Justice and/or the Federal Bureau of Investigation and that if it is determined that I have made any false statements herein my participation may be immediately terminated. I hereby declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF APPLICANT _____ Date: _____

PRINTED NAME: _____

Name	Course	Instructor
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PERSONAL AND PROFESSIONAL FITNESS – Explanation Form

Please provide a full explanation to any “yes” answer to questions b-e. Use a separate form for each question you answered “yes.”

Which question did you answer “yes” to? (i.e. b,c,d) _____

When did this occur? _____

Describe what happened:

What were the consequences?

How did this affect you?

**RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: Students are participating in a course with a service requirement and are volunteering their time to complete a course requirement.

Activity Date(s) and Time(s): _____

Activity Location(s): Greater Chico Area

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, California State University, Chico, Associated Students of California State University, Chico and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: _____

Participant Name (print): _____ Date: _____

Participant Contact Information

Home phone _____ Cellular phone _____ E-mail _____

Address [Street] _____ City _____ ST _____ Zip _____

Emergency Contact Information

Name _____ Relationship _____

Home phone _____ Cellular phone _____

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's Parent/Guardian

Name of Minor Participant's Parent/Guardian (print)

Date

Minor Participant's Name