

CAVE Returning Service Learning Student Placement Packet Instructions

THIS PACKET IS TO BE COMPLETED BY SERVICE LEARNING STUDENTS WHO HAVE PREVIOUSLY COMPLETED A SERVICE LEARNING PLACEMENT PACKET AND RECEIVED PLACEMENT FROM CAVE.

Please note, CAVE has spent time compiling a file for students who have previously completed a Service Learning packet. It is our hope that your file already contains a current copy of your signed confidentiality statement, a current copy of your negative TB record, and a letter of recommendation. If any or all of the afore mentioned forms are missing from your file, a CAVE Student Learning Intern will call you to ask you to provide or complete the missing documentation. Please read and follow the directions provided below:

1. Print and complete the CAVE Returning Service Learning Student Packet located on the following pages.
2. Complete and sign all forms in INK.
3. Label every document with your name, course, section, and instructor to ensure proper routing of your paperwork.
4. Submit your packet to the CAVE office, BMU 309.

THE SERVICE LEARNING PACKET CHECKLIST

☐ Cover Page

- Indicate Class Information and own placement information if applicable

☐ Service-Learning Application (2 Pages)

- Fill in blanks and sign on page 2

☐ Personal and Professional Fitness Form

- Full explanation of yes answers
- Your signature and printed name on bottom

☐ Assumption of Risk & Release of Liability

- Fill in blanks and sign page 2
- Emergency info complete

PREPARING FOR YOUR COMMUNITY PLACEMENT

Your instructor will provide information about the community placements for your course at the beginning of the semester. Before you begin, it is important that we determine your ability to work with vulnerable populations such as children or older adults. For this reason, we ask that you complete the Personal and Professional Fitness form every semester you participate in Service Learning. We also need to gather information to match your schedule with a community site appropriate for your class.

Once we receive all of your paperwork, CAVE staff will review the documents. We will then find you an appropriate placement if needed and give you a form called the “CAVE Placement Form”. The “CAVE Placement Form” tells the community partner you have submitted the required documents for placement and also gives you information about your placement. **Please note:** you should not attempt to report to your community agency until you have your placement form.

PROBLEM SOLVING

At the beginning of the semester, you will be provided contact information for CAVE Service Learning Interns. They serve as liaisons between your class, CAVE, and the community. They will help you with paperwork, organize placements (if needed), and be available for problem solving.

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**

Name	Course	Instructor
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Semester _____

COVER PAGE FOR SERVICE LEARNING PACKET

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.

☐ Multi Subject

☐ Single Subject

5. If you are enrolled in a course that requires CAVE placement, you also have the option to secure your own placement, subject to the approval of your instructor. Please complete the following if you have found your own placement.

Placement Site or Agency: _____

Placement Supervisor: _____ What class is this placement for? _____

By initialing, you release CAVE from the responsibility of placing you in your Service Learning placement. Your alternative placement meets the requirements of your field service and you 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 record included

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

- Letter of Rec.

- TB

RETURNING SERVICE LEARNING STUDENT INFORMATION AND COVER SHEET

Name _____ Phone# _____

Local Address _____

Email Address _____

Permanent Address _____ City _____

Emergency contact (Name) _____ Phone # _____

Chico State ID# _____

Classification: *Circle One* FR SOPH JR SR GRAD

	<u>YES</u>	<u>NO</u>
1. I am a returning Service Learning Student. Which semester did you participate in Service Learning? _____		
2. I am also volunteering in a CAVE program this semester. If yes, which one _____		
7. I have transportation: Car _____ Bike _____ Bus _____ Other (specify) _____		
8. I speak or write a language other than English (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		

PLEASE mark the times you **ARE AVAILABLE** to volunteer with an **X** in the appropriate day and time box.

	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 – 3:30					
3:30 – 4:00					
4:00 – 4:30					
4:30 – 5:00					
After 5:00					

CAVE RETURNING SERVICE-LEARNING APPLICATION (Page 2)

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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If you answer “yes” to any question on the Personal and Professional Fitness form (except “a”), please provide a full explanation by answering these questions. 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?

Name	Course	Instructor
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RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: Students are participating in a course with service attached 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: _____

Name	Course	Instructor
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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