

## **Service Learning Packet Checklist/Instructions (Returning)**

- ☐ **Cover Page**
  - Indicate class information/own placement info
- ☐ **Service-Learning Application (2 Pages)**
  - Fill in blanks and sign on page 2
- ☐ **Assumption of Risk & Release of Liability**
  - Fill in blanks and sign page 2
  - Emergency info complete

**1) Legibly complete in ink all work in this packet.**

**2) Confirm your TB Assessment or Test results are current.**

- *TB Assessments* are required if you are placed in a Chico Unified School. A health care professional administers a questionnaire and will give you a copy of the results. TB Assessments are valid for 4 years
- *TB Tests* are required if you are placed with older adults and may be required in school districts. The test is administered on the first visit and the results are read at the second visit. Students must wait 48 hours but no more than 72 hours between the test and reading. TB Test results are valid for one year for older adults and 4 years for working with children.
- The Student Health Center administers TB Assessments and Tests for free. For their current TB Testing Clinic Hours, please see their website at <https://www.csuchico.edu/shs/services/immunizations/tb-testing.shtml> or call them (530) 898-5241. We will also accept copies of TB Test or Assessment results from your doctor or the school district.

**3) Submit Your Completed Packet to the CAVE office no later than Friday, February 7th, 2020 or as directed by your course instructor.**

- We will not accept incomplete or late packets so please review and follow these instructions carefully and contact the CAVE Service Learning staff with any questions.
- Distance learners may scan and email your packet to [caveservicelearning@csuchico.edu](mailto:caveservicelearning@csuchico.edu).
- Packets will be reviewed on a first come first served basis and generally take 7-10 days.
- Please make sure your voicemail box is set up and not full.

### **CAVE Service Learning Staff**

CAVE Office - BMU 309  
(530) 898-3353 or (530) 898-5817  
[caveservicelearning@csuchico.edu](mailto:caveservicelearning@csuchico.edu)  
<https://as.csuchico.edu/cave/>

## Service Learning Packet Cover Page (Returning)

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. Pre-Credentialed Students please check the appropriate box for the subject area you need placement.

☐ Multiple Subject ☐ Single Subject

5. This question is *only* for students finding their own placement. If you are a local student enrolled in a course with service learning, you have the *option* to secure your own placement pending instructor approval. If you are a distant learner, you are *required* to find your own placement.

Agency or School: \_\_\_\_\_

Site Supervisor/Teacher: \_\_\_\_\_

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

Agency or School: \_\_\_\_\_

Site Supervisor/Teacher: \_\_\_\_\_

Which class is this  
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1, 2, or 3

Agency or School: \_\_\_\_\_

Site Supervisor/Teacher: \_\_\_\_\_

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

## **Service Learning Application (Returning)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Local Address \_\_\_\_\_ City \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_

Emergency Contact (Name) \_\_\_\_\_ Phone \_\_\_\_\_

Major \_\_\_\_\_ Email \_\_\_\_\_

Chico State ID# \_\_\_\_\_ Classification Circle One: *FR SOPH JR SR GRAD*

**I have the ability to travel:** (mark all that apply)

☐ less than 1 mile    ☐ approximately 1-2 miles    ☐ approximately 2-10 miles    ☐ more than 10 miles

	Yes	No
I have volunteered at CAVE or been cleared by CAVE for another class in the past. If yes, which program _____ Semester/Year _____		
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"/> Special Education		
Do you speak any language other than English? (please specify) _____		

**PLEASE mark all times you ARE available with an X in the appropriate box and consider travel before/after classes.**

	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					

## **Service Learning Application (Returning 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 community members, 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.

**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.*

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

Activity: Service Learning Student

Activity Date(s) and Time(s): Spring 2020

Activity Location(s): Placement sites throughout the 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