

University of Oregon

ENVIRONMENTAL STUDIES/SCIENCE PROGRAM

Participatory Learning Experience Agreement Between STUDENT AND COMMUNITY PARTNER

STUDENT INFORMATION
Last Name: _____ First _____ M.I. _____ Student ID# _____
Address: _____ Apt _____ City _____ State _____ Zip _____ Phone _____
COMMUNITY PARTNER INFORMATION
Organization Name: _____
Address: _____ Apt _____ City _____ State _____ Zip _____
Supervisor's Name _____ Title _____ Phone # _____
Beginning Date: _____ End Date: _____ Hours per week _____ Total hours _____
POSITION DESCRIPTION <u>See Attached Report</u>
LEARNING Objectives (attached)
RESPONSIBILITIES OF SUPERVISOR (e.g. written evaluations, letter of recommendation, number of meetings during the term)
<p>As a Community Partner, I am providing service to UO voluntarily, without pressure of coercion, for educational, civic, charitable or humanitarian reasons and without expectation of payment, reimbursement, or future paid employment of any kind. I understand that UO will not cover me by any insurance including, but not limited to, medical, property, health, liability insurance or workers' compensation benefits, nor will any financial or other assistance be provided in the event of injury or illness. I agree that my service may be terminated at any time and for any reason by UO or by me.</p> <p>In consideration of the opportunity to provide unpaid service to UO, I release the State of Oregon, the Board of Trustees of the University of Oregon and the University of Oregon and all their respective officers, employees, agents, and volunteers (the "Released Parties") from any and all liability, negligence, and expense in any way resulting from, related to, or arising out of my participation in the Activity, including but not limited to liability and expense attributable to any injury, death, property damage, lost wages, economic loss, emotional distress, psychic injury, pain, or suffering of any kind whatsoever.</p> <p>The University of Oregon has not performed any background checks on Community Partners or UO student participants.</p>
SIGNED:
Student _____ Date _____
Community Partner Supervisor _____ Date _____