

# California Maritime Academy Community Service Learning Plan

## Section I: Student Data

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Primary Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

## Section II: Learning Site (Service Organization)

Learning Site: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

## Section III: Course Data

Course Title: \_\_\_\_\_ Faculty Name: \_\_\_\_\_

Service Objectives (list your primary duties/ responsibilities at the Learning Site): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Learning Objectives (describe how your primary responsibilities will support your in-class learning): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Planned Number of Service Hours: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

I have reviewed and approve the Learning Plan set forth above.

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Initial: \_\_\_\_\_

## PARTICIPATION GUIDELINES

1. I will devote \_\_\_\_\_ hours per week towards completion of the service and learning objectives listed in my learning plan for a total of \_\_\_\_\_ service hours, effective from \_\_\_\_\_ to \_\_\_\_\_ (“learning activity”). I agree to complete any paperwork and orientations required by my professor or site supervisor as part of this learning activity.
2. I understand and acknowledge that there are potential risks associated with this learning activity, some of which may arise from (a) my assigned tasks and responsibilities, (b) the location of the learning activity, (c) the physical characteristics of the Learning Site, (d) the amount and type of criminal activity or hazardous materials at or near the location of the learning activity, (e) any travel associated with the learning activity, (f) the time of day when I will be present at the Learning Site, (g) the criminal, mental and social backgrounds of the individuals I will be working with or serving, and (h) the amount of supervision I will receive. I further understand and acknowledge that my safety and well being are primarily dependent upon my acting responsibly to protect myself from personal injury, bodily injury or property damage.
3. Being aware of the risks inherent in this learning activity, I nonetheless voluntarily choose to participate in this learning activity. I understand that I may stop participating if I believe the risks become too great.
4. While participating in this learning activity, I will **(a)** exhibit professional, ethical and appropriate behavior; **(b)** abide by the Learning Site’s rules and standards of conduct, including wearing any required personal protective equipment; **(c)** participate in all required training; **(d)** complete all assigned tasks and responsibilities in a timely and efficient manner; **(e)** request assistance if I am unsure how to respond to a difficult or uncomfortable situation; **(f)** be punctual and notify the Learning Site if I believe I will be late or absent; and **(g)** respect the privacy of the Learning Site’s clients.
5. While participating in this learning activity, I will not **(a)** report to the Learning Site under the influence of drugs or alcohol; **(b)** give or loan money or other personal belongings to a client; **(c)** make promises to a client I cannot keep; **(d)** give a client or representative a ride in my personal vehicle; **(e)** engage in behavior that might be perceived as harassment of a client or Learning Site representative; **(f)** engage in behavior that might be perceived as discriminating against an individual on the basis of their age, race, gender, sexual orientation, mental capacity, or ethnicity; **(g)** engage in any type of business with clients during the term of my placement; **(h)** disclose without permission the Learning Site’s proprietary information, records or confidential information concerning its clients; or **(i)** enter into personal relationships with a client or Learning Site representative during the term of my placement. I understand that the Learning Site may dismiss me if I engage in any of these behaviors.
6. I agree to contact the University’s Director of Risk Management at (707) 654-1086 if I believe I have been discriminated against, harassed or injured while engaged in this learning activity.
7. I understand and acknowledge that neither the University nor the Learning Site assumes any financial responsibility in the event I am injured or become ill as a result of my participating in this learning activity. I understand that I am personally responsible for paying any costs I may incur for the treatment of any such injury or illness. I acknowledge that the University recommends that I carry health insurance.

I have read, understand and agree to comply with these guidelines.

Student Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ (Required if student is under the age of 18.)