Service Learning Independent Placement Form

Date: ____________________________________________

MUID: _____________________________________________

**LAST** Name: ______________________________________

**FIRST** Name: ______________________________________

Phone: ______________________________________________

E-mail: _____________________________________________

Major(s): ____________________________________________

Gender: M  F  TRANS

Year in School: FR  SO  JR  SR  GRAD

How will you travel to your site?  Car  Bus  Walk

Will you be traveling to/from your site with another student?  
YES  NO

Have you done Service Learning before?  YES  NO

If YES, for how many of your previous courses? __________

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**Student Learning Outcomes**

After completion of a Service Learning course, the student is able to:

1. Exhibit a commitment to social justice

2. Appreciate people from diverse backgrounds

3. Demonstrate a commitment to be involved citizens in his/her community

4. Demonstrate an increased sense of vocation

(Continued on back)
LIABILITY RELEASE AND WAIVER

This legally binding Release is made by _______________________________ (“Participant”) to Marquette University (“Marquette”) and by Participant’s parent/legal guardian (“Parent”) if Participant is under 18 years of age. The term “Undersigned” refers to Participant (and to his/her Parent, if Participant is a minor).

The Undersigned fully recognizes that there are dangers and risks to which Participant may be exposed by participating in Marquette University’s Service Learning program at ___________________________________ (“Agency”) and partaking in ____________________________________ (“Activity”).

The Undersigned has signed this “Release and Waiver” in full recognition and appreciation of the dangers, hazards, and risks of said Activity, which dangers include, but are not limited to, physical injuries (minimal, serious, or catastrophic) and/or property loss or damage. The Undersigned understands that Marquette does not require the Participant to participate in this activity, but Participant desires to do so, despite the possible dangers and risks and despite this Release. If the Participant is under 18 years of age, the Participant’s Parent hereby grants permission for the Participant to participate in said Activity. The Undersigned submits that Participant is physically able to participate in this Activity.

If Participant is under 18 years of age and a medical emergency arises in which a Parent cannot be immediately contacted, the Undersigned grants permission to Marquette to administer first aid to and/or to obtain emergency medical treatment for Participant. If the Participant is 18 years or older, the Participant grants Marquette permission to administer first aid to and/or to obtain emergency medical treatment for Participant in the event of a medical emergency. The Undersigned agrees to pay for any/all costs of such medical treatment.

The Undersigned therefore agrees to assume and take on all the risks and responsibilities in any way associated with this Activity. In consideration of, and in return for, services, facilities, and other assistance provided to Participant by Marquette in this Activity, the Undersigned releases Marquette (and its governing board, employees, and agents) from any and all liability, claims and actions that may arise from injury or harm to the Participant, up to and including death, or from damage to or loss of property in connection with this Activity. The Undersigned understands that this Release covers liability, claims, and actions caused entirely or in part by any acts or failures to act of Marquette (or its governing board, employees, or agents), including but not limited to negligence, mistake, or failure to supervise by Marquette.

The Undersigned recognizes that this Release means that Participant and his/her Parent(s) are giving up, among other things, rights to sue Marquette, its governing board, employees, and agents for injuries, damages or losses incurred. The Undersigned also understands that this Release binds Participant and his/her heirs, executors, administrators, and assigns. The Undersigned has read this entire Release, fully understands it and agrees to be legally bound by it.

_________________________________________________________  _____________________
Participant’s Signature  Date

_________________________________________________________  _____________________
Parent/Guardian Signature if Participant is under 18 years of age  Date
Marquette Service Learning Independent Placement Form

Students: If you have chosen to set-up a placement with a site not listed for your course, you must complete this form and have it signed by your professor and return it to the Service Learning Program office (707 Building, Floor 3 Suite 303).

Please check the box that most pertains to your situation:

☐ The site where you will be doing Service Learning is not listed on your approved site list for your course but is a community partner of the Service Learning Program (only professor signature required)

☐ If you have two (2) Service Learning courses and your Service Learning site is only listed for one of your courses and not listed for your other Service Learning course (only professor signature required)

☐ The site where you will be doing service learning is not listed for your service learning course and they are not a community partner of the Service Learning Program (professor signature and site supervisor signature)

Name of Placement Organization:
____________________________________________________________________________________

Address: ___________________________________________ Site Supervisor: ______________________

Site Supervisor Phone: ______________________________ Site Supervisor Email ______________________

Days/hours that you will be providing service: ________________________________

Brief description of organization: (basic mission, population served, service provided): ________________________________

____________________________________________________________________________________

____________________________________________________________________________________

What kind of service will you perform at the site? _____________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

How will working at this site connect with the material in your course? ___________________________

____________________________________________________________________________________

____________________________________________________________________________________

Professor’s Signature: ____________________________________________________________

Site Supervisor’s Signature: __________________________________________________________