



Centenary University Leaders in Service

Student Participation Agreement

The purpose of this agreement is to inform the student of the risks and responsibilities inherent in community engaged service and learning activities and to document that the student has been so informed. This document must be completed and returned to the Community Engagement Coordinator before a student will be cleared to begin work with a community organization.

Part I: Student Information

Name: _____ Phone: _____

Email: _____ Major: _____

Year of study: Freshmen Sophomore Junior Senior

Part II: LIS Program Requirement

One-Year Cohort: I will complete a minimum 40 hours for one academic year

Initial: _____

Part III: Guidelines and Responsibilities

Every student participating as a Centenary University Leader in Service is required to:

- Attend an on-site orientation and fulfill other training or screening requirements, as determined by your project coordinator and site supervisor.
- Adhere to the community organization's policies and procedures, including confidentiality of client information.
- Behave with professionalism (including being on-time, meeting deadlines, accepting feedback and supervision, and dressing appropriately) and treat the organization's staff and clientele with respect.
- Communicate proactively with your site supervisor and course professor about any circumstances at your community site affecting your safety or ability to fulfill your responsibilities.

While working at this community organization DO NOT:

- Report to the site under the influence of drugs or alcohol.
- Give or loan money or personal belongings.
- Give a client or agency representative a ride in a personal vehicle.
- Meet alone with or engage in any type of non-professional or business relationship with clients during the term of work with this organization.
- Exchange personal contact information
- Tolerate verbal exchanges or behaviors that might be perceived as sexual or as discriminating against an individual based on age, race, gender, sexual orientation, ability, or ethnicity.



Signature

By my agreement to participate in Leaders in Service(LIS), I confirm that I understand the policies, obligations and risks associated with participating in LIS and I shall not hold Centenary University, its agents, employees, or representatives liable for any damages or losses arising from my participation. Further, I indemnify and hold Centenary University, its agents, employees, or representatives harmless from any damages or losses arising from my participation in LIS.

Print Name: _____

Signature: _____ Date: _____

Waiver of Liability Release Form

In consideration of being allowed to participate in the Centenary University Leaders in Service(LIS) program (Date _____), the undersigned acknowledges and agrees that:

1. The risk of injury from the activities involved in this program is significant, including but not limited to the potential for permanent paralysis and death, serious injury to internal organs, musculoskeletal injuries and possible impairment to my general health and well-being.
2. I knowingly and freely assume all responsibility for any risk of loss, property damage or personal injury that may be sustained by me, or any loss or damage to property owned by me, as a result of my participation in the Centenary University alternate spring break program.
3. I further agree to release and hold harmless Centenary University and staff member, Rachel Danitz from all claims and liabilities of any type whatsoever and for damages to, loss or destruction of any property or injury, sickness or death, which may result from my participation in the Centenary University LIS program.
4. I willingly agree to comply with Centenary University rules and regulations.
5. I acknowledge that I am in good physical condition and do not know of any condition or reason that I should not participate in the Centenary University's LIS program.
6. I understand that a medical examination to assure myself of physical fitness is desirable, that obtaining such an examination is my own responsibility.

In signing this release, I acknowledge and represent that I read the foregoing Waiver of Liability Form, understand it and sign it voluntarily as my own free act and deed. I am at least (18) years of age and fully competent.

Member (over 18)

Name (printed)

Signature

Date
