Agency Letter of Understanding

Dear Agency Supervisor:

On behalf of the Simpson College Service Hub, we would like to thank you for entering into a partnership with us to provide richer educational opportunities for our students. By accepting and supervising our Service Learners, you are helping these students connect classroom theory with real-life experience. Ultimately you are also contributing to education's mission of promoting civic responsibility. In order to become involved with Simpson's Service Learning program, we kindly request that you review the information regarding Service-Learning to ensure that placement is appropriate.

Service-Learning is the combination of academic coursework with carefully planned, meaningful service that provides direct benefits to the community.

The goals of Service Learning are:

- To enhance classroom learning
- To provide direct service that benefits the community
- To promote service, citizenship, and a sense of caring for others
- As an agency supervising Simpson students in a Service Learning pretext, you will ensure that these students are provided with:
- Orientation, training, and supervision
- A description of the skills needed to complete the assigned project
- A clear description of the assigned Service Learning project including expectations, requirements, and responsibilities

In order for the Service Hub to place students in your agency, you must be able to answer yes to all of the following questions (please check):

_____ The Service Learning student is not an employee of my agency/organization.

_____ The experience will help the student better understand the needs of our community and how he/she can help make a difference.

_____ The agency/organization will provide a safe working environment, orientation, and ongoing support to the student.

I have reviewed the information provided on this form and the Service Hub web site and am confident that the service experience our agency will provide is in line with the goals of Service-Learning.

The name of the agency/organization _____

The contact person _____
phone number _____
and email address _____

_____/_____
Agency Supervisor Signature Date

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