



Service Learning Student, Parent, and School Agreement

Service-learning provides a learning experience that combines meaningful service to the community with curriculum-based learning. Students improve their academic skills by applying what they learn in school to the real world; they then reflect on their experience to reinforce the link between their service and their learning.

This agreement, required for participation, outlines the responsibilities of the student and parent/guardian.

The term for the Agreement shall be one school year commencing on _____ (today's date) and concluding on August 31, 2021. This Agreement may be modified only by writing and executed by all parties. This Agreement shall be governed by the laws of the State of Maryland.

THE STUDENT WILL:

1. Adhere to school system's policies on behavior and all school-based rules, including dress as outlined in the Student Code of Conduct, and adhere to guidelines for attire and behavior as recommended by the community partner.
2. Attend an orientation meeting either with a school-based sponsor or schedule a virtual meeting with Lori Fowler (ldfowler@aacps.org).
3. Actively participate in your selected service learning opportunity with an AACPS approved community partner and complete all parts of the service learning project (preparation, action, and reflection).
4. Review the location of the opportunity and provide your own transportation to and from the service site.
5. Assume full responsibility for conduct and safety while traveling between home, school, and volunteer site, as well as while engaged in service learning projects at school, home, or in the community.
6. Arrive on time and successfully complete the requirements to receive service credit as outlined on the Service Learning Portal.
7. Students must be present for the full school day if the service opportunity is scheduled for the same day. Service hours will not be credited if the student is absent for any portion of the school day.
8. Adhere to the schedule for each volunteer opportunity as it appears on the Student Dashboard page of the Service Learning Portal, arriving promptly and remaining for the entire time accepted in the portal.
9. Notify the business/community organizer and the parent or guardian if the student wishes to make any service schedule changes including service dates, number of hours, and times to attend. Provide a minimum 24 hour advance notice of absence to business/community partner(s) or school-based service learning facilitator/club sponsor.
10. Consent to be photographed for educational and/or promotional purposes (videos, brochures, articles).
11. Share any concerns or problems with the school-based service learning project facilitator or club sponsor and the business/community organization.
12. Understand that if a student loses their service approval through negligence or misdemeanor, they are subject to dismissal from the program and may not receive credit for the hours served.
13. Review and comply with all guidelines in the documents/forms pertaining to the conditions of the service learning opportunities.
14. Agree that AACPS is unable to conduct background checks on employees of the community partners or other volunteers at the service site. Additionally, AACPS is unable to guarantee that any employee or



volunteer of the business/community organization would pass a background check using AACPS acceptable standards for employment.

15. Abide by all implied and stated terms included in this agreement.

PARENT/ GUARDIAN WILL:

1. Review and assess the location of the volunteer opportunity and arrange for and provide transportation to and from the service site if needed.
2. Understand that the student assumes full responsibility for the conduct and safety of the student in traveling between home, school, and work, as well as, while engaged in school related projects and activities off campus.
3. Grant consent for the student to be photographed for educational and/or promotional purposes (videos, brochures, articles).
4. Review all documents and forms that pertain to the conditions of the service learning opportunities.
5. Agree that AACPS is unable to conduct background checks on employees of the community partners and other volunteers at the service site and is unable to guarantee that any employee or volunteer of the business/community organization would pass a background check using AACPS acceptable standards for employment.
6. Agree to receive and review electronic communication that will be sent to the parent email indicated in the student profile of the service-learning site, notifying the parent of every new service-learning opportunity for which their child registers.
7. Agree to contact the Office of Service-Learning, at least 48 hours before a service-learning opportunity occurs, if parents have any objection to their child participating in any service-learning activity for which they have registered.
8. Abide by all implied and stated terms included in this agreement.

WAIVER OF LIABILITY STATEMENT: Parent/Guardian, please initial each box below to acknowledge each specific agreement.

_____ Agree to maintain accurate current parent and student email addresses on the student profile page within the



portal. If the email address changes the guardian will have the student update the portal to make changes within the settings.

Agree that my signature provides consent for the student to participate in a variety of service learning opportunities:

_____ Service Learning opportunities the student completes at home.

_____ Service Learning opportunities the student completes at a location arranged by the community partner (for example, collecting non-perishables for a food drive, collecting recyclables, building sheds, tutoring other students, leading nature walks, and a variety of other possibilities).

_____ **Agree to each SL opportunity unless parents/guardians notify Office of Service Learning, ldfowler@aacps.org that they object, they agree to allowing each new SL opportunity shared with them electronically to which their student commits.**

_____ Anne Arundel County Public Schools does not provide ANY insurance coverage for students participating in service learning opportunities.

_____ Fully appreciate the value of their students actively contributing to the welfare of the community and understand that The Service Learning Portal opportunities are completely voluntary, not school sponsored activities.

_____ Agree that AACPS is unable to conduct background checks on employees and volunteers at the service site and is unable to guarantee that any employee or volunteer of the business/community organization would pass a background check using AACPS acceptable standards for employment.

_____ Agree to receive and review electronic communication that will be sent to the parent's email provided in the student profile of the Service Learning site.

_____ Agree to email the Office of Service Learning, ldfowler@aacps.org, at least 48 hours before a service-learning opportunity occurs, if parents have any objection to their child participating in any service learning opportunity for which they have registered.

_____ Parents and students fully understand that if AACPS closes due to inclement weather, student participation in all service-learning opportunities posted on the AACPS Service-Learning Portal is also canceled.

_____ I grant consent for the student to be photographed for educational and/or promotional purposes (videos, brochures, articles).



(If initialling here, do not initial above):

_____ I DO NOT grant consent for the student to be photographed for educational and/or promotional purposes (videos, brochures, articles).

_____ I certify that I have read, understood, and received a copy of the AACPS Student/Parent Agreement for Service- Learning.

Student Name (Printed)	Student Signature	Date
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Parent/Guardian Name (Printed)	Parent/Guardian Signature	Date
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Anne Arundel County Public Schools prohibits discrimination in matters affecting employment or in providing access to programs on the basis of race, color, religion, national origin, sex, age, marital status, sexual orientation, or disability unrelated in nature and extent so as to reasonably preclude performance. For more information, contact The Office of Investigations, Anne Arundel County Public Schools, 2644 Riva Road, Annapolis, Maryland 21401, (410) 222-5286; TDD (410) 222-5500.

Service Learning and Mentorships COVID-19 Parent/Guardian Waiver and Release

I understand and acknowledge that COVID-19 is a public health risk, and that Anne Arundel County Public Schools (AACPS) cannot guarantee my child’s safety or immunity from infection. At present, there is no known vaccination for COVID-19. The mode by which COVID-19 is transmitted or how long it remains on surfaces is not entirely known. With full appreciation of these facts, I voluntarily agree to allow my child, _____, to participate in the service learning opportunity at _____ (“Opportunity Site”). In consideration for my child’s participation, I knowingly and voluntarily assume all risks associated with my child’s service learning or mentorship, including but not limited to, the risk of illness, death, bodily injury, disability, or exposure or infection with COVID-19.



With full understanding of the aforementioned risks, I knowingly and voluntarily waive and release AACPS from all present and future claims of any type for any harm or loss, including but not limited to, economic loss, personal injury, disease, death, or property damage suffered by me or my child during my child's service learning or mentorship. I agree to indemnify, hold harmless, and covenant not to sue AACPS for any personal injury, death, medical expenses, disability, loss of capacity, property damage, court costs, attorney's fees, or other loss arising out of my child's participation in a service learning or mentorship opportunity.

I understand that it is the responsibility of the Community Partner Site to comply with all relevant safety guidance from the Centers for Disease Control and state and local health authorities regarding workplace health and safety then in effect, such as social distancing, size of gatherings, and face coverings and to ensure compliance with said workplace safety and health protocols.

By my signature below, I certify that I have read and fully understand this waiver and release and understand that it affects my legal rights. I understand and acknowledge that this waiver and release shall be binding on myself, my heirs, family, estate, representatives, and assigns.

Parent/Guardian Signature

Date _____

Print Name

Student Internship and Work-Study Programs COVID-19 Student Acknowledgement of Risk

I understand and acknowledge that COVID-19 is a public health risk, and that Anne Arundel County Public Schools (AACPS) cannot guarantee my safety or immunity from infection. I acknowledge that I have been advised by AACPS that all academic classes have been moved to virtual learning for the start of the 2020-2021 school year due to health and safety concerns regarding COVID-19. I knowingly elect to participate in the service learning or mentorship opportunity with an AACPS Community Partner and accept the potential risks posed by the service, including the health risks associated with the COVID-19 pandemic.

I understand that guidance from the Centers for Disease Control, state or local health authorities, and AACPS may change, and I will be required to adhere to those changes. I



I understand that my participation is completely voluntary and may include activities that potentially expose me to certain risks, including but not limited to all risks associated with the COVID-19 virus such as serious illness, hospitalization or death, as well as the elevated risk to individuals with underlying medical conditions.

I understand that I am responsible for following all COVID-19 related workplace health and safety protocols in effect, such as social distancing, size of gatherings, and the appropriate use of face coverings, as established by the Community Partner Site.

I further understand that if I become ill or symptomatic, I will promptly notify my Community Partner Site Representative and AACPS staff. If there are additional advisories or other external restrictions that may arise which could affect my participation in the internship/work-study program, AACPS or the Community Partner may remove me from the Opportunity Site immediately.

I have read this COVID-19 Acknowledgement and fully understand its terms. I am signing this acknowledgement freely and voluntarily with full knowledge of its significance.

Student Signature

Print Name

Date