



Student Application and Agreement – ONE DAY EVENT

Please print legibly. Note your SMC student email account will be the official means of communication between you and the Applied Learning Program. Please submit the Student Application and Agreement form to the Career Services Center (Counseling Village) by the deadline listed on your course syllabus.

Student Information

Full Name: _____
Last First M.I.

Student ID Number: _____ Phone Number: _____

International Students Only: Are you studying on an F-1 student visa? Yes: _____ No: _____

SMC Course Information

Please list the course for which you will be doing your applied learning requirement. If you are participating in more than one applied learning course, please complete one application per course.

Instructor First Name: _____ Instructor Last Name: _____

Course Title: _____ Course Section Number: _____ Semester/Year: _____

Student Expectations

Please remember that you are representing SMC in the community. As such, we ask you to carefully read and agree to the following expectations created to assist you in having a productive applied learning experience possible. Please initial each section and sign the agreement.

____ (Initial) **Honor Your Commitment:** Each student is responsible for securing a position with an approved community partner. However, specific hours of involvement will be determined mutually by the student and the organization supervisor. Once a schedule is determined, be punctual and responsible. Call your supervisor if you anticipate being late or absent. The community partner has selected you to be a reliable and contributing team member. The organization and the people served by the organization will be depending on you to complete the hours you arranged previously. If a community partner terminates your applied learning position, please notify your SMC instructor and the Career Services Center.

____ (Initial) **Ask for Help:** If you are uncertain about expectations, responsibilities and/or are uncomfortable about any applied learning experience, speak with your community partner supervisor, SMC instructor, and/or the Career Services Center.

____ (Initial) **Respect Confidentiality:** You are privy to confidential information with whom you are working, it is important that you treat this information as private. When writing and/or sharing your experiences, always use pseudonyms when referring to people served by the organization. This confidentiality expectation includes understanding and respecting photo policies, and if permitted to take photos, keeping them off internet/social media sites unless given proper authorization. Placement within a community partner is an educational opportunity and a privilege.

____ (Initial) **Be Professional:** Remember the community partner is serving you by investing their valuable resources in your learning, while you are serving in the community. Treat those at the organization and the people served by the organization with courtesy. Be mindful of your attitude and act and dress appropriately at all times. Set a positive standard for other SMC students to follow as part of the SMC Applied Learning Program.

____ (Initial) **Remain Flexible and Open:** You may be exposed to other cultures and lifestyles that may differ from your own, opening avenues to learning, sharing, and engaging in meaningful dialogue. In addition, the nature of the work and assignments at a community partner is not always predictable. Your supervisor understands the issues at your organization and can be very helpful in any questions or concerns you may have.

____ (Initial) **Follow Policies:** Students participating in an applied learning course must comply with the community partner's policies and regulations as well as SMC's Honor Code, Code of Academic Conduct and the Student Conduct Code (<http://www.smc.edu/StudentServices/StudentJudicialAffairs/Pages/What-you-should-know.aspx>). A community partner may ask a student to leave the organization if he/she violates its policies and regulations. Note that some community partners may require a student to complete a background check, attend required trainings, orientations, and/or meetings, be fingerprinted, or complete a TB test as part of his/her placement with an organization.

____ (Initial) **Complete Hours and Involvement:** To complete the required number of hours of involvement at your assigned organization. Hours counted toward the minimum hours of requirement begin after submitting all required forms and receiving approval from the Career Services Center. Failure to complete the minimum number of hours of involvement and/or assignments (i.e. time log, reflections, evaluation) listed in the course syllabus may affect a student course grade.

____ (Initial) **Safety:** Do not go beyond the scope of your assigned responsibilities. Use judgement in refusing risky or inappropriate requests and situations. If you encounter any problems, emergencies, safety hazards, concerns, or suggestions, contact your organization supervisor, SMC instructor, and/or the Career Services Center.

____ (Initial) **Transportation:** Students are responsible for arranging any form of transportation to and from their assigned community partner. Students are not to transport any person and/or materials on or behalf of the assigned community partner, unless the organization has liability coverage for student participants.

Release of Liability

I understand and agree that I shall hold the Santa Monica Community College District, its Board of Trustees, officers, agents, representatives, employees, volunteers, and permissive users of District vehicles harmless from any and all liability, claims, causes of action, and demands related to, arising out of or in connection with my participation in any field trip or class excursion during the above-described course (hereinafter "Activity"), including injuries, accident, illness or death.

If my participation in this Activity results in any liability, claims, causes of action, or demands against the Santa Monica Community College District, its Board of Trustees, officers, agents, representatives, employees, volunteers, and permissive users of District vehicles, I agree to defend and indemnify the District, its Board of Trustees, officers, agents, representatives, employees, and permissive users of District vehicles in such an action.

In the event of any illness or injury while participating in the Activity, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed physician, surgeon, and/or dentist as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be my responsibility.

If I provide my own transportation or ride with another student, it is fully understood that the Santa Monica Community College District, its Board of Trustees, officers, employees, agents, representatives or volunteers is in no way responsible nor assumes liability for any injuries, losses, claims or actions resulting from, arising out of or incident to the non-District transportation. I understand that although the District may recommend travel time and/or routes to and/or from this event, that such recommendations are not mandatory and do not in any way constitute District sponsorship of or responsibility for my transportation. I also understand that the driver is not driving as an agent of or on behalf of the District.

I fully understand that participants are to abide by all rules and regulations governing conduct during the Activity. Any violation of these rules and regulations may result in my being sent home at my own expense and may result in disciplinary action.

Student Agreement

I _____ (Student's First Name and Last Name), hereby certify that the above statements are true and correct to the best of my knowledge. I also understand that in order to participate in the Applied Learning Program, I must be enrolled in a course at Santa Monica College that offers Applied Learning as an option or requirement and uphold the terms and expectations of this agreement.

Student's Signature

Date

Organization Site Information

Organization Name: _____

Site Coordinator Full Name: _____

Email: _____ Phone Number: _____

Specific Duties/Responsibilities Performed:
(What did you do on this day?) _____

Date (MM/DD/YY)	Time Begin	Time End	Total Hours	Site Coordinator's Signature

Site Coordinator's Comments/Feedback: _____

For Office Use Only

Application/Agreement
Received: (MM/DD/YY) _____

Application/Agreement
Recorded: (MM/DD/YY) _____