

## NCSSM SUMMER SERVICE 2011: AGENCY CONTRACT

Agency Contract can be faxed to Ariel Carpenter at 919-416-2829, mailed to 1219 Broad St., Durham, NC 27705: ATTN: Ariel Carpenter or emailed to [carpenter@ncssm.edu](mailto:carpenter@ncssm.edu) by June 15, 2011.

**Student Name:** \_\_\_\_\_  
**Student Email:** \_\_\_\_\_  
**Class Year:** \_\_\_\_\_  
**Agency Name:** \_\_\_\_\_  
**Agency Address:**  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State & Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
**Supervisor Name:** \_\_\_\_\_  
**Supervisor Email:** \_\_\_\_\_  
**Supervisor Phone:** \_\_\_\_\_

*Thank you for accepting the above mentioned student as a volunteer in your agency, where they will complete their Summer Service experience in the summer of 2011! Part of the mission of the North Carolina School of Science and Mathematics is to give opportunities to students to bring service and leadership back to the state. You are participating in this student's education by providing relevant training, a meaningful service experience and facilitating the completion of their school-required service learning components. More information on the specifics of this graduation requirement can be found on [www.ncssm.edu](http://www.ncssm.edu) under Announcements.*

### **Your submittal of this form represents the following:**

I agree to accept the above student as a volunteer in/at the above mentioned service agency for **at least 60 hours of service in the summer of 2011**. I understand during their service, the student is to complete (1) a one page, agency specific fact sheet, and (2) maintain a timesheet and (3) maintain a journal (optional). If appropriate, I have briefed or will brief the student in appropriate confidentiality practices with regard to keeping a journal. I understand that this is a graduation requirement of the North Carolina School of Science and Mathematics and is not to be considered employment, nor is the student to receive any pay for her/his service. I also agree to supervise the student myself or to provide someone from the agency that will act as a direct supervisor. If the student volunteer has related previously approved special provisions to their service experience, including hour adjustments or placements outside of the state of North Carolina, please describe them in an email to [servicelearning@ncssm.edu](mailto:servicelearning@ncssm.edu).

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date