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| F:\SHARE\Forms Transfers\Forms-latest PDFs and logos\CCS logos\CCS-logoweb.png | EXPERIENTIAL LEARNING AGREEMENT | **Spokane Falls Community College** Workforce Education MS 32403410 W Fort George Wright Dr Spokane WA 99224-5288509-533-3148FAX 509-533-4162 |
| [ ]  Co-op [ ]  Internship [ ]  Volunteer [ ]  Service—Learning [ ]  Job shadow [ ]  Other  |       |
| [ ]  Paid [ ]  Unpaid |
|  |  |  |
| QUARTER/YEAR: [ ]  Fall       [ ]  Winter       [ ]  Spring       [ ]  Summer       | Date |       |
|  |  |  |
|  |  |  |
| Student’s name | Student identification number | Major |
|       |       |
| Address | Phone |
|       |       |       |
| City | State | ZIP |
|  |
| Student has permission to participate in a learning experience as [ ]  required [ ]  optional in class and is receiving       credits. |
|       |       |
| Name of company/agency or employer | Supervisor at work site |
|  |
|       |       |
| Address | Phone |
|       |       |       |
| City | State | ZIP |
| Type of field experience |       |
| The terms of this agreement begin on |       | and end on |       |
|  | Date |  | Date |
| Approved by |       |       |       |
|  | Coordinator | Department | Phone |
| (*Please complete if applicable.*) | Wages/stipend: |       | [ ]  per hour [ ]  per month [ ]  per quarter |
| Average scheduled hours |       | [ ]  per week [ ]  per month [ ]  per quarter |
| **STUDENT AGREES:** 1) To abide by all company rules, regulations and policies. 2) To keep coordinator informed of any change in work status.**COMPANY/AGENCY OR EMPLOYER AGREES:** 1) To provide a safe and healthy working environment for the student.2) To abide by all federal, state and Community Colleges of Spokane nondiscrimination/anti-harassment laws and regulations.3) To provide supervision to the student and assign tasks within the student’s knowledge and competency level which will benefit all parties in the learning experience.**ALL PARTIES AGREE:** 1) That all parties will be responsible for their own liability and negligence on the part of themselves, employees and their agents. No party will indemnify any other party to this agreement for acts or omissions attributed to that other party. 2) That this agreement may be terminated at any time for any reason by giving the other parties three days written notice. |
|       |       |
| Student’s signature | Dean’s signature  |
|       |       |
| Employer’s signature | Coordinator’s signature |