

COMMUNITY BASED LEARNING (CBL) Participant Agreement Form

STUDENT NAME: _____

PHONE: _____ EMAIL: _____

CBL SITE: _____

SITE SUPERVISOR: _____

PHONE: _____ EMAIL: _____

STUDENT agrees to:

1. Fulfill CBL requirements as listed on the "Requirements for Successful Completion of the Community Learning Program " page.
2. Attain a CBL site and site supervisor.
3. Complete and submit the paperwork required by the school district's driving policy.
4. Determine and adhere to all dress code policies established by the site supervisor.

PARENT(S) agree to:

1. Assure that the student is covered by a health insurance plan.
2. Provide health insurance provider name: _____
3. Provide student transportation to and from CBL site.
4. Ensure student adheres to site supervisor dress code.

CBL SUPERVISOR agrees to:

1. Provide educational experiences serving the student's needs.
2. Provide adequate supervision of the student.
3. Assist in evaluating the student's performance.
4. Assist student in planning objectives and activities.

To receive full credit, student must obtain all required signatures and return all completed paperwork to Dr. Rullo by: _____ .

I have read the above duties, responsibilities, and descriptions and agree to participate in the Community Based Learning Program according to the terms and specifications outlines.

Student: _____ Date: _____

Parent: _____ Date: _____

Site Supervisor: _____ Date: _____

Dr. William Rullo: _____ Date: _____