



**THIS FORM MUST BE RETURNED TO THE SERVICE LEARNING CENTER**

Oceanside Campus – Room 3306, Office: (760) 795-6616  
servicelearning@miracosta.edu/ www.miracosta.edu/serve

**Please read the following statement carefully. By signing this volunteer agreement form, you are agreeing to participate in service activity and waive district liability as set forth in this declaration for said participation.**

*Due to COVID-19 Pandemic all Service Learning Assignments must be completed through virtual or online platforms or distance learning projects.*

Student's Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Course: \_\_\_\_\_ Instructor: \_\_\_\_\_ Semester: \_\_\_\_\_

**Service Learning Site: Virtual and Digital Media**

Name of Organization: \_\_\_\_\_

Duties performed: **Research organization and the social issues it addresses, create digital content for the organization, utilize the digital content to fundraise for the organization.**

| DATE | TIME IN | TIME OUT | TOTAL HOURS | Please describe the task or work completed during this time slot. |
|------|---------|----------|-------------|---|
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\_\_\_\_\_  
**Student's Signature**

I agree to perform my duties to the best of my ability.  
I have read the liability waiver and agree to its terms.

\_\_\_\_\_  
**Date**