CALVIN COLLEGE FEDERAL WORK STUDY COMMUNITY SERVICE STUDENT AGREEMENT 2016/2017

Student: ________________________________________________________  Student ID # ____________________

Email Address: ___________________________  Completed tax forms at Calvin College:  YES  NO

Agency of hire name: ______________________________________________________________________________

Agency Supervisor Name: ____________________________________________________

Telephone Number: _________________________________  FAX Number: _______________________________

Agency Goal (The major benefits the agency desires from this relationship):
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Student Learning/Experience Goal: (The major benefit the student desires from this relationship):
                                                                                           __________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Specific Responsibilities of Student: ___________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Specific Supports/Benefits provided by Organization (Include the resources of the Agency which are available to the
student in order to accomplish the work and any “perks” that will be provided): __________________________
__________________________________________________________________________________________________

Number of hours per week: __________  Recommended wage: $8.50

Scheduled work times

Monday
Tuesday
Wednesday  If you are no longer work study eligible,
Thursday  alert your supervisor immediately.
Friday

Known vacation periods or absences: __________________________

I agree to submit my signed time sheet to Calvin College payroll every two weeks, per the payroll schedule.

__________________________________________________  _______________________
Student Signature  Date

__________________________________________________  _______________________
Agency Representative  Date