**Please print clearly:**

 Date \_\_\_\_\_\_\_\_ Student ID # \_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Box#\_\_\_\_\_\_\_\_ Class: F So Jr Sr Gr

 Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone#\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Agency partner(s) of choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Have you participated in CSWS before? Please circle class years: F So Jr Sr Gr

**As an Elizabethtown College student participating in Community Service Work Study (CSWS), I agree to the following:**

I will ask my agency supervisor for my job duties, and will carry out those duties to the best of my ability.

I will ask my supervisor for a copy of the dress code and will be responsible for dressing appropriately for my position.

I will provide my own transportation to and from the community partner site and will arrive on time.

I will notify my community partner supervisor in a timely manner if I need to be absent. I understand that frequent absences or failure to notify my community partner supervisor may cause my removal from the position and CSWS.

I will give a two-week notice to the community partner supervisor and the Center for Community and Civic Engagement (CCCE)Program Coordinator, if I need to change my work status.

I will provide copies of clearances as needed. (Criminal Record Check, Child Abuse Clearance, FBI.)

I understand that I am an ambassador of Elizabethtown College and will represent the College in a professional manner.

I understand that I am an ambassador of the community partner and will represent the community partner in a professional manner.

I understand that my starting pay will be $8.00 for Federal Community Service Work Study (CSWS).

1. I will have my community partner supervisor sign my time sheet weekly and I will submit the time sheet to the CCCE lockbox, 2nd floor BSC across from BSC 258A, by **5 p.m.** each Friday. *This is a requirement of Federal Work Study.* **AND**I will enter my hours into E-Clock. If my hours are not entered correctly, I **must** email civicengagement@etown.edu before Monday 8am. If I work Saturday I will have my time sheet in by Saturday 5pm. **I understand that if I do not submit BOTH my signed time sheet in the lockbox and my work hours on E-Clock on a weekly basis I may not be paid for that week and I could possibility lose my position for the semester. I understand that those hours will be considered volunteer hours.**
2. I will attend a mandatory orientation session prior to working if this is the first time I am doing CSWS I will attend a mandatory E-Clock orientation. I will complete employment forms with the Student Employment /Payroll Office and be responsible for keeping track of my own allocated hours throughout the year.

3 I understand when the financial aid funds allocated by the Financial Aid Department to the Center for Community & Civic Engagement for CSWS are depleted that CSWS will end.  I will not be paid for more than the maximum number of hours allotted to me. Adjustments may be necessary second semester.

1. I may be eligible to receive an increased hourly pay rate based on years of experience with CSWS.

 **Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_

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 **For Office use only:** Signatureof Campus Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Position Fall (interest): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Fall confirmed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Position Spring (interest): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Spring confirmed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Work Study: Yes\_\_\_\_ No \_\_ Amount \_\_\_\_\_\_\_\_ Entered \_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_