



WYCLIFFE
COLLEGE

Urban and International Development

EXPERIENTIAL LEARNING MODULE

GUIDELINES

FOR

DOMESTIC PLACEMENT

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1. CHECKLIST OF REQUIREMENTS

Completion of an Experiential Learning Module (ELM) is an important part of the Master in Theological Studies (Urban and International Development) Program. Wycliffe College wants you to benefit as much as you can from the experience, which will inform much of your summative paper (ELP). For this reason we want to ensure that all the key components of the exercise are in place.

Students in the program are expected to do an experiential learning module of 4-7 months at the end of the first year of studies. It is worth 2 credits. For registration guidelines see www.wycliffecollege.ca under Current Students>Registrar's Office.

The experiential learning module can be with any of the organizations that we have partnered with for the purpose. Check out the information provided by these organizations below. For each you will find information on the type of experiential opportunities offered, their location and number, desirable skills, insurance, training, costs, volunteer information, and contact details.

Experiential learning opportunities are local, national, and international. They cover the areas of homelessness, poverty, children's sports ministry, translation, environment, relief, development and advocacy, restorative justice, literacy, technology, education, refugees, interfaith, water resource provision, youth, seniors, human trafficking, child sponsorship, ethical giving, and food banks. You can also do your experiential learning module with a government agency through, but we ask that you inform us of this.

In order to ensure that the ELM is as beneficial as possible, there are a number of documents to be completed at various stages of the internship experience. Students are responsible for ensuring these forms are completed and returned promptly to the ELM Coordinator or the Program Assistant.

Preliminary Requirement: Police Check

A current police clearance must be on file at Wycliffe College prior to you doing the ELM.

Check with the Assistant Registrar registrar@wycliffe.utoronto.ca or 416-946-3525.

Please confirm with the Coordinator of the ELM

Below is a list of the forms needing completion and the expectations around them. You will find the actual forms elsewhere in this package.

Selecting an Organization

Selecting an organization to do the Experiential Learning Module with is an important first step. You may choose one whose work is primarily in Canada, or one whose focus is foreign.

A full list of the organizations Wycliffe College has partnered with is available at wycliffecollege.ca (under MTS Urban and International Development). Standard information on the available internships for each organization is included. The student should review this information, decide which organization has potential, and then contact the organization to initiate the discussion. If there is any difficulty, the student should contact the Coordinator of the ELM, Thomas Power thomas.power@wycliffe.utoronto.ca or 416-946-3526.

1. Learning Plan

- *Outlines the goals and expectations for the internship.
- *Formulate a learning plan in consultation with your prospective supervisor.
- *This can be brief (1-2 pages) in short paragraph or bullet point format.
- *Return it to me as an attachment.
- *It will be reviewed and either approved or returned to you for clarification and revision.

2. Covenant and Waiver of Claims

- *It is a release of liability, waiver of claims and assumption of risk and indemnity agreement.
- *By signing this form you will waive certain legal rights, including the right to sue.
- *Sign, date, have it witnessed, and return it to me.

3. Internship Statement of Understanding

- *This is an agreement between you and the supervisor of the organization you will be interning with. It is then approved by the Coordinator of ELM.
- *You should both sign it, make a copy for yourself and the supervisor, and send the original back to the Coordinator of ELM.
- *This statement of understanding should only be completed after your Learning Plan has been approved.

4. Organization Evaluation Report

- *This is an evaluation of you by the organization you do the ELM with.

*Please make this form available to your supervisor at the conclusion of the ELM. It should be completed by your supervisor and returned to me either by fax or email attachment (see Contact Information below).

5. Student Evaluation Report

*This is your evaluation of the organization, the supervisor, and the internship experience as a whole. Continue your comments on a separate page if necessary.

*Complete it and return it to me.

*It is confidential: a copy will not be submitted to your supervisor.

Debriefing

Once both reports are returned a meeting will be arranged with the Coordinator of ELM to debrief on your experience and approve granting of credit for the internship.

This meeting cannot take place without prior submission of both evaluation reports. Thus submission of these reports in a timely way is important for completion of the internship.

Contact Information

Thomas Power

Coordinator ELM

Wycliffe College

Phone: 416-946-3526

Fax: 416-946-3545

thomas.power@wycliffe.utoronto.ca

2.STATEMENT OF UNDERSTANDING



Master of Theological Studies
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Statement of Understanding

Name of
Student: _____

Wycliffe College Representative: _____

Organization Representative: _____

1. General Statement

_____ (name of organization)

will aim to make its experiential learning a mutually beneficial experience for the organization and the student.

As an organization we will, in consultation with the student, establish a set number of goals, specific experiences, or desired outcomes from the outset, subject to modification or elaboration as circumstances arise.

Upon request we will be willing to provide a reference for the student following the completion of the Experiential Learning Module.

2. Time Availability

As agreed the days, times, and period for this internship will be as follows:

_____ (insert details)

Any changes to this arrangement should be discussed as far as possible in advance.

3. Tasks and Responsibilities

You will work with the staff member responsible for coordinating placements or internships, _____ (insert name) and other staff members as required. The organization's coordinator will deal with all logistical issues associated with the experiential learning including an introduction to the organization, coordination of work dates, time and space, and general support. Staff members will provide support for the specific task-related activities. In some cases these roles will be combined. All project and task work should be clearly communicated. You will agree with the coordinator and other staff as to the areas of responsibility and expected outcomes prior to the beginning of each project.

4. Ongoing Support and Monitoring of Progress

During the period of experiential learning the organization's supervisor will be the person to whom the student will address any questions or concerns. Other staff members will provide specific task-related support.

Regular reviews will take place to monitor progress, discuss any problems that arise and, if necessary, redefine priorities.

5. Confidentiality

All information regarding existing or prospective supporters of the organization is strictly confidential and should not be discussed outside the organization. This applies both during and after your time with the organization.

The organization agrees to provide you with:

- Valuable hands-on experience in a dynamic and rapidly expanding urban or international development organization.
- An opportunity to experience first-hand the areas of (list specific areas e.g. microfinance): _____
- _____ (Add additional areas if necessary)
- Ongoing support throughout the experiential learning.

- Reference (s) if requested.

As a student undertaking this Experiential Learning Module, I understand that I am expected to:

- Commit to working with the organization with or without pay during the times noted above.
- Provide sufficient notice (to the best of my abilities) when I am unable to work on a particular date and time.
- Periodically participate in sessions devoted to monitoring progress and provide feedback when requested.
- Participate in a final review at the completion of the experience.
- Exercise complete confidentiality with respect my association with this organization, and (if requested) agree to sign any confidentiality acknowledgement form to that effect.

Wycliffe College will take sole responsibility for defining and shaping the academic requirements necessary for the completion of the written work associated with this Experiential Learning Module, as well as the evaluation requirements. The sponsoring organization is responsible for providing a defined number of days per week of unpaid practical experience, the content of which will vary according to the discretion of the organization.

Agreed by the student: _____ (Signature)

Date: _____

[Print name here]

Agreed by coordinator: _____ (Signature) Date: _____

[Print name here]

Agreed on behalf of

Wycliffe College _____ (Signature)

Date: _____

[Print name here]

3.COVENANT AND WAIVER OF CLAIMS



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Covenant and Waiver of Claims Form

Release of liability, waiver of claims and assumption of risk and indemnity agreement.

NB. By signing this form you will waive certain legal rights, including the right to sue.

This agreement must be completed in full, signed, dated and witnessed before participation in the Experiential Learning Module.

TO: Wycliffe College and its Board of Trustees, officers, employees, agents, independent contractors, subcontractors, representatives, successors and assigns, and all volunteers, sponsoring organizations, and other persons in any way involved or connected with the internship (all of whom are hereinafter collectively referred to as “the Releasees”).

Covenant

I acknowledge that:

- I will show support and respect to those with whom I am engaged in the Experiential Learning Module.
- I will support the role of the organization I am placed with through prayer.
- My attitudes, actions, and words will serve as a witness to others in the community where I will be placed.

- I am an ambassador for Wycliffe College and the University of Toronto and for my congregation or community.

Assumption of Risk

I am aware that participation in the Experiential Learning Module involves the risk of injury and other dangers and hazards, including but not limited to theft, loss, or damage of property, injury or death.

I accept that negligence on the part of officials, of the sponsoring organization and negligence on the part of the Releasees, including the failure on the part of the Releasees to safeguard or protect me from the risks, dangers and hazards referred to above, may occur.

I freely accept and fully assume all such risks, dangers and hazards including the possibility of personal injury, death, property damage or loss resulting therefrom.

Release of Liability and Waiver of Claims

In consideration of the Releasees permitting my participation in the Experiential Learning Module, I hereby agree as follows:

1. I waive any and all claims that I have or may in the future have against the Releasees arising out of any aspect of my participation in the Experiential Learning Module and to release the releases from any and all liability for any loss, damage, expense or injury including death that I may suffer or my next of kin may suffer during my participation in the Experiential Learning Module due to any cause whatever, including negligence, breach of contract, or breach of any statutory or other duty of care as well as any duty of care on the part of the releases, and also the failure on the part of the Releasees to safeguard or protect me from the risks, dangers and hazards of the experiential learning activities referred to above.
2. To hold harmless and indemnify the Releasees from any and all liability for any damage to property of or personal injury to any third party, resulting in my participation in the Experiential Learning Module;
3. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
4. This agreement and any rights, duties and obligations as between the parties to this agreement shall be governed by and interpreted solely in accordance with the laws of the Province of Ontario and no other jurisdiction; and
5. Any litigation involving the parties to this agreement shall be brought solely within the Province of Ontario and shall be within the exclusive jurisdiction of the courts of the Province of Ontario.

6. In entering into this agreement I am not relying on any oral or written representatives or statements made by the Releasees with respect to the safety of the Experiential Learning Module other than what is set forth in this agreement.
7. I hereby agree to abide by the contract developed by Wycliffe College for the purposes of the Experiential Learning Module and the general rules for its conduct.
8. If at any time emergency medical treatment is necessary, I give my consent for treatment to be given.

I confirm that I have read and understood this agreement prior to signing it, and I am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, assigns and representatives may have against the Releasees.

Singed this _____ day of _____ (month) 20_____(year)

Signature:	Name (Please print clearly. Last name, First name: <input type="text"/>
Witness:	Name (Please print clearly. Last name, First name: <input type="text"/>

4.EVALUATION REPORT: ORGANIZATION



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Evaluation Report: Organization

The supervisor of the student is asked to complete the following and return it to the Coordinator. Please use extra space if necessary. Although the report is confidential, its substance will be shared with the student in a debriefing session.

Name of Student:	Name of Supervisor:
Date of Evaluation:	Organization:

1. Describe briefly the **setting** in which the student was placed.

7. Please comment on what you perceive to be the student's **strengths**, and areas you would recommend for **further growth**. Where did you see the **area of greatest growth** in terms of development and/or cross-cultural awareness?

5.EVALUATION REPORT: STUDENT



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Evaluation Report: Student

The student is asked to complete the following and return it to the Coordinator. Please use extra space if necessary. This evaluation is confidential and a copy will not be submitted to your supervisor.

Name of Student:	Name of Supervisor:
Date of Evaluation:	Organization:

Please rate your supervisor on the following items by checking the appropriate box. Add any explanatory comments at the end.

My supervisor...	Strongly	Agree	Undecided	Disagree	Strongly
-------------------------	-----------------	--------------	------------------	-----------------	-----------------

	agree				disagree
Clearly explains his/her expectations					
Is approachable					
Is supportive					
Provides constructive feedback					
Is reliable					
Provides opportunities for learning					
Is available when needed					
Overall, is a good supervisor					

Add any additional comments to explain the ratings above:

1. Do you feel that your experiential learning matched the expectations defined in the initial role description?

Yes No

Please Explain:

2. Do you feel that you were provided with sufficient training for your duties?

Yes No

Please Explain:

3. Do you feel that you had adequate supervision?

Yes No

Please Explain:

4. Do you feel that you have developed and improved your skills as a result of your experience?

Yes No

If no, please provide examples of how the organization could better assist you and future students with your experience:

5. Do you feel that your time and work with this organization was valued?

Yes No

Please Explain:

6. Would you like the Coordinator of Experiential Learning to call and follow up on your comments in any of the above questions?

Yes No

Phone number: _(_____)_____

If there is anything further that you wish to address privately, please email the Coordinator at thomas.power@wycliffe.utoronto.ca

(Adapted from Volunteer Supervisor Evaluation Form, World Vision Canada)

APPENDIX
EXAMPLE OF A LEARNING PLAN
(DOMESTIC)

Learning Objective #1: To increase my understanding of the Canadian refugee system

Activities:

Read assigned materials about the refugee system in Canada

Home visits with refugees/ former refugees in Hamilton in order to hear their stories and their experiences before and after arriving in Canada

Help someone prepare for their refugee hearing and if possible accompany them to their hearing

Learning Objective #2: To help educate churches about refugees and refugee issues

Activities:

Seek out opportunities to speak about refugees and refugee issues at churches (i.e. World Refugee Day etc)

Create an opportunity specifically for [] church to increase their awareness of refugees in our community

Learning Objective #3: To help develop the Global Friends program connecting refugee claimants with Canadian friends

Activities:

Help gather and develop resources to better equip volunteers wanting to become Global Friends

Under the supervision of staff help facilitate appropriate matches between newcomers and Canadian volunteers

Learning Objective #4: To grow in my cross cultural relationship skills

Activities:

Complete the “Cultural Intelligence questionnaire” to assess current cross-cultural strengths and areas that need developing

Identify at least one person from a different culture to be intentional about building a relationship with

Intentional reflection with supervisor on the learning from this relationship as well as other cross cultural interactions

Learning Objective #5: Help implement the Canadian Council for Refugees Conference in Hamilton

Activities:

Work with others to prepare the participant kits for the conference

Volunteer as needed during the conference on May 26-28th