

Not for Profit org.
Must have a 501(c) 3

PROJECT PENDING APPROVAL

This form is used for *all sites* during the summer break

SERVICE LEARNING AGREEMENT

Consolidated High School District 230

STUDENTS YOU NEED TO CONTACT SITE TO SEE IF THEY HAVE PROJECTS

Student I.D.: _____ / _____ / _____ / _____ / _____ / _____

Project Date: _____ / _____ / _____

Student Last Name: _____

First Name: _____

Student Home Telephone: _____

Campus: **SANDBURG HIGH SCHOOL**

Site/Project Name: _____

Site Address: _____

Contact Person: _____ Telephone: _____

Responsibilities/Duties: _____

I, the above student, have elected to participate in service learning at the above site. I agree to abide by the regulations/policies of this site and Consolidated High School District 230 and to perform, to the best of my ability, the tasks specified in the agreement. **I agree to call the site in advance, if I am detained for any reason or unable to attend.**

No cellular telephone usage during volunteer hours.

Student Signature

Date

I, the parent or legal guardian of the above student, approve his/her participation at this site, and agree to lend support and encouragement to my student in the service he/she will render to the site we have chosen. I accept responsibility for my student's transportation to and from the site.

Parent/Guardian Signature

Date

MEDICAL RELEASE INFORMATION

If parent/guardian is unavailable, please notify the emergency contact person below:

Name: _____

Telephone: _____

The student has my permission to be transported and treated by any doctor assigned by the service site in an emergency or accident.

Parent/Guardian Signature

Date

Parent/Guardian Daytime Telephone

VERIFICATION FOR SERVICE LEARNING PROJECT

We verify that we do not have students participating in activities that would be considered unsafe for the age and/or experience of the student. **(Circle one) We Do / DO NOT provide comprehensive general liability insurance protecting the student when involved in the Service Learning project as stated.**

The above student has completed _____ hours of volunteer service towards his/her District 230 service learning requirement at the above site.

Site/Organization Contact Signature: _____ **Date:** _____

APPROVAL PENDING

SERVICE LEARNING TIME SHEET

SITE: _____

STUDENT NAME & ID#: _____

SITE REPRESENTATIVE: _____

DATE	TIME IN	TIME OUT	HOURS FOR DAY	What I did today	STAFF SIGNATURE

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