

**PROVISO WEST HIGH SCHOOL
COMMUNITY SERVICE HOURS APPLICATION AND APPROVAL FORM**



Part A	<p><i>To be completed by student volunteer –PLEASE PRINT OR TYPE</i></p> <p>Name: _____ Student ID Number: _____</p> <p>Address: _____</p> <p>Phone: _____ Emergency Phone: _____</p> <p>Grade Level: _____</p> <p>Student Pledge: I agree to fulfill the duties and time commitments as listed in the organization job description including training sessions and to provide adequate notice if I am unable to meet my commitments. I also agree to adhere to the rules and procedures of the agency with whom I am volunteering. I agree to serve a total of 40 hours as per the district policy. Hours must be completed the first <u>Friday</u> after Spring break.</p> <p>Student Signature: _____ Date: _____</p>
Part B	<p><i>To be completed by the individual supervising the project –PLEASE PRINT OR TYPE</i></p> <p>Name of Organization: _____</p> <p>Address: _____</p> <p>Phone: _____ Operating Hours: _____</p> <p>Contact Person: _____</p> <p>Title/Position: _____</p> <p>Days and hours scheduled for the student Volunteer: _____</p> <p>Brief description of the job(s) to be performed by the student: _____</p> <p>_____</p> <p>Contact Person Signature: _____ Date: _____</p>
Part C	<p><i>To be completed by parent/guardian –PLEASE PRINT OR TYPE</i></p> <p>I give permission for _____ to serve as a volunteer for the organization indicated above on the stated days and for the stated hours.</p> <p>I understand that he/she will be making a valuable and needed contribution to our community. I also understand that he/she will not receive monetary compensation for his/her services.</p> <p>We have accident insurance with _____ (name of insurance company) which will cover my son/daughter/ward in the event injury occurs while engaging in this activity. I will assume responsibility for expenses incurred as the result of any injury my son/daughter might suffer while partaking in this activity.</p> <p>Parent/Guardian Signature: _____</p> <p>Date received: _____ Date: _____</p>
Part D	<p><i>To be completed by Students Activities Coordinator –PLEASE PRINT OR TYPE</i></p> <p>The service application and Approval form must be completed and submitted to the school’s Student Activities coordinator at least 10 school days prior to the starting date of the activity described in Part B.</p> <p>Student Activities Coordinator: _____</p> <p>Date Received: _____ Date Approved: _____</p>

Please turn this page over and complete the reverse side.

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Students will not earn Community Service Hours through the following:

- **Working with for-profit organizations/businesses.**
- **Assisting a teacher clean the classroom and grading papers.**
- **Working with a religious group to promote a certain faith.**
- **Work which you are compensated for.**
- **Working for a family member/relative.**
- **Donating can goods.**

By signing below, I certify that I have read, understand and agree to comply with all stipulations mentioned in this document.

Parent/Guardian signature

Date

Student signature

Date