

Tiverton Service Learning Program Pre-Approval Form

Before beginning service: Please review the Service Learning Criteria-in Community Service Learning Handbook and on Tiverton School Website. Please complete this form in its entirety and return to the community service coordinator

STUDENT NAME: _____ AGE: _____ GRADE LEVEL: _____
TELEPHONE: () _____ EMAIL: _____

HAVE YOU READ THROUGH THE SERVICE LEARNING CRITERIA? _____

NAME OF ORGANIZATION/PERSON: _____

ADDRESS: _____
 STREET CITY STATE

TELEPHONE NUMBER: _____

IS THIS A NON-PROFIT ORGANIZATION? _____

CONTACT PERSON/SUPERVISOR _____
(This should be the person who will verify the volunteer's hours and quality of work)

DESCRIPTION OF SERVICE: (what will you be doing?)

WHAT COMMUNITY NEED DOES THIS ACTIVITY MEET? _____

HOW DOES THIS ACTIVITY CONNECT TO WHAT I AM LEARNING IN SCHOOL?

REASON FOR CHOOSING THIS ACTIVITY: _____

of hours that you expect to work on this activity: _____

STUDENT PLEDGE: I agree to follow the procedures for completing my community service requirements, including documentation required for community service credit.

STUDENT SIGNATURE: _____ DATE _____

PARENT APPROVAL: I have read the Service Learning Criteria and I give my permission for this student to serve as a volunteer for the agency/person listed. I understand that he/she will not receive monetary compensation for his/her service.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

APPROVED BY: _____ DATE: _____
(Community Service Coordinator)

