

# COMMUNITY SERVICE APPROVAL FORM 2006 - 2007

## TO BE COMPLETED AND APPROVED BEFORE DOING COMMUNITY SERVICE

To be completed by Student and Parent/Guardian:

NAME OF STUDENT: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE LEVEL : \_\_\_\_\_

TELEPHONE: (     ) \_\_\_\_\_ -- \_\_\_\_\_ (For Coordinator's Use only)

NAME OF ORGANIZATION CHOSEN: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip Code

TELEPHONE: (     ) \_\_\_\_\_ OPERATING HOURS: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ TITLE/POSITION: \_\_\_\_\_

(This should be the name of the person who will verify the volunteer's hours and the quality of the work.)

BRIEF DESCRIPTION OF VOLUNTEER'S DUTIES:

\_\_\_\_\_  
\_\_\_\_\_

### STUDENT PLEDGE:

I also agree to adhere to the rules of the agency I will be volunteering for and to abide by the procedures, including any record keeping required, as well as maintain the confidentiality of agency and client information.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENT APPROVAL:

I give my permission for \_\_\_\_\_ to serve as a volunteer for the agency listed. I understand that he/she will not receive monetary compensation for his/her service.

We have accidental insurance with \_\_\_\_\_ (NAME OF INSURANCE CO.) which will cover my son/daughter in the event of accidental injury while engaging in this activity. I furthermore release Marquette Catholic High School of the Diocese of Gary, its agents, teachers, chaperones, etc. from liability arising out of an injury or damage to the aforementioned child which may occur during said activity.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVAL OF THEOLOGY TEACHER: \_\_\_\_\_ DATE: \_\_\_\_\_

(Rev. Kime may be contacted at St. Joseph Parish: La Porte during the summer)

\*\*\*If for some reason the original activity chosen needs to be changed, the student will be required to fill out a NEW approval form. Forms will be available in the School's Main Office.