

Advisory Teacher _____

Community Service CONTRACT

1. Your Name _____

2. Name of Agency/project that you will work for:

3. Describe what you are planning to do for your community: (Be specific)

4. First and Last Name of Supervisor (Adult who will sign for your hours – not your parent):

Agency Telephone No. _____

5. Name of Parent/Guardian who will ensure the **safety** of you volunteer work by providing transportation, talking to people for whom you will be working, and generally helping you to successfully complete your Community Service Project:

Telephone No. _____

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Sign below and return the entire page to your advisory Teacher.

Contract due date: **Monday, October 14, 2019**

We agree to the Community Service Contract. Upon approval, you will be given the **Time Sheet** so you can begin your hours of service.

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____

REMEMBER: Your 12 hours are due Feb. 10, 2020