

CONANT STUDENT SERVICE LEARNING/VOLUNTEERING CONTRACT

Student's Name _____
(please print) last first middle

Address _____

City and Zip Code _____

Participating with which agency? _____

Agency address _____

phone # _____

Nature of duties in your volunteering _____

Days and hours to volunteer _____

I have read the Student Community Involvement Handbook and **agree to abide by the rules of**
_____.

Student Signature _____
date

I have received and read the letter describing the Learning Through Community Action Program. My son/daughter has permission to participate in the service learning program at _____

_____ as described above.

Signature of Parent or Guardian _____
date

This student has applied for, and has been accepted as, a volunteer at my agency.

Printed name of Agency Personnel _____

Signature of Agency Personnel _____
date

Signature of Social Studies Teacher's Approval _____

Date received from student _____

Class period _____