# COUNCIL ROCK SCHOOL DISTRICT
# LEARNING IN NEIGHBORHOOD COMMUNITY SERVICE (L.I.N.C.S.)
# SERVICE LEARNING PRE-APPROVAL FORM



## IS THIS VOLUNTEER AGENCY POSTED ON OUR WEB OR BULLETIN BOARD?

□ **YES** (Fill in Student Information on this page, start volunteering and recording hours on the reverse side of this form.)

□ **NO** (Page 1 of this form must be completed and turned in to the L.I.N.C.S. Coordinator prior to starting the service learning activity.)

**STUDENT INFORMATION –**

Name:_____ Date of Birth: _____
Last Name First Name

Phone Number: _____ Parent/Guardian: _____

Address:_____
Number Street City State Zip

Explanation of service learning activity: _____

_____

_____ _____ _____ _____
Student Signature Date Parent/Guardian Signature Date

Homeroom Teacher:_____

Class of: _____ Homeroom # _____

School: _____

Date of Submission: _____

□ **APPROVED** □ **DISAPPROVED**

_____
L.I.N.C.S. COORDINATOR SIGNATURE DATE

## NON-PROFIT ORGANIZATION AGREEMENT (To be completed by the volunteer agency supervisor)

Organization Name:_____ Phone # _____

Address: _____

Activities to be performed by the student (Please be specific as to how this activity services the community):

_____

_____

My signature verifies that:

- I am 18 or older.
- I am not related to the student.
- I agree to service learning criteria printed to the right.
- I agree to supervise the student in the activities listed above.

_____ _____ _____
Supervisor's Name (Print) Supervisor's Signature Date

**<u>As a Non-Profit Service Learning Agency/ Organization We Agree to:</u>**

1. To provide community service learning for students of the Council Rock School District under the direction and supervision of our staff and directors.
2. To permit a school representative to visit at the student's place of service for supervision and review.
3. To keep a record of hours served and to complete the service learning verification form for each student.
4. That no agency discrimination exists on the basis of race, color, national origin, sex, or disability.
5. That our liability insurance will cover the student's participation in this service. learning activity.

# LEARNING IN NEIGHBORHOOD COMMUNITY SERVICE (L.I.N.C.S.)
# SERVICE LEARNING VERIFICATION FORM



**STUDENT INSTRUCTIONS:** Complete this form & return to the L.I.N.C.S. office after completion of the service learning activity. All forms are due by May 15th (Seniors, May 1st) to receive credit for the current school year. Student will receive a copy of this form once service hours are entered.

**TO ENSURE PROMPT PROCESSING, PLEASE HAVE ALL REQUIRED INFORMATION AND SIGNATURES BEFORE SUBMITTING TO THE L.I.N.C.S. OFFICE.**

**STUDENT INFORMATION:**

Name: _____ Homeroom #: _____ Teacher: _____ Class of 20____

Student Email Address: _____ School: _____ Current Grade: _____ Date of Submission: _____

**TO BE COMPLETED BY STUDENT (Required for each activity)**

Agency/Organization for which service was completed: _____

_____

Location where service took place: _____

What specific duties did you perform and what need did you address? _____

_____

Who benefited from this activity & how? _____

_____

What challenges did you face and how did you overcome them? _____

_____

What did you learn about yourself through this activity? _____

_____

_____ _____

Students Signature Date

**L.I.N.C.S. COORDINATOR --**

Hours previously earned _____ + Hours for this activity_____ = Total L.I.N.C.S. hours to date: _____

_____

Date

**LOG OF VOLUNTEER HOURS**

| DATE | HOURS | | DATE | HOURS | | DATE | HOURS |
|---|---|---|---|---|---|---|---|
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**To be completed by the Volunteer Agency/Organization:**

**Comments:** _____

_____

**I verify that the above named student has satisfactorily completed the total number of volunteer hours at our agency/organization during the dates specified above.**

**TOTAL VOLUNTEER HOURS:** _____

_____

**Supervisor's Name (Print)**

_____ _____

**Supervisor's Signature** **Date**