

CONANT STUDENT SERVICE LEARNING/VOLUNTEER CONTRACT

Student's Name(PRINT!) _____

Last

First

Middle

Address _____

City and Zip Code _____

Participating with:

Agency Name _____

Agency Address _____

Nature of your duties _____

Day & Time _____

"I have read the Student Community Involvement Handbook(LCAP) and agree to abide by the rules of my agency as well as Conant High School."

Student Signature _____

Date

Student Contact _____

Phone

Email

"I have received and read the letter describing the Learning Through Community Action Program.(LCAP) My son/daughter has permission to participate in the Service Learning program at the Agency listed above."

Parent/Guardian Signature _____

Date

Parent/Guardian Contact _____

Phone

Email

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

Printed name of Agency Personnel _____

Signature of Agency Personnel _____

Date

Agency Personnel Contact _____

Phone

Email

Signature of Social Studies Teacher's Approval _____

Date _____ Class Period _____