



Archbishop Shaw High School

Community Service Contract 2018-2019

Part I (To be completed by student)

Student _____ Age _____ Grade _____

Name of Organization _____
Must be a NOT FOR Profit Organization

Address of Organization _____

Phone # of Organization _____

Contact Person from Organization _____

Date(s) of Service Hours _____

Total Amount of Service Hours _____

Nature of Work _____

STUDENT PLEDGE

I HAVE CONTACTED THE AGENCY NAMED ABOVE AND AGREE TO THE TERMS OF COMMITMENT STATED. I ALSO AGREE TO ADHERE TO THE RULES OF THE AGENCY TO WHICH I AM VOLUNTEERING.

Student Signature _____ Date _____

Contact Person Signature _____ Date _____

PARENTAL APPROVAL

I GIVE PERMISSION FOR _____ TO SERVE AS A VOLUNTEER.
I UNDERSTAND HE WILL NOT RECEIVE ANY MONETARY COMPENSATION FOR HIS SERVICE.

Parent Signature _____ Date _____