

# SERVICE-LEARNING APPROVAL FORM

Please type in the information requested below. Print two copies of the completed form and sign: one form to submit, the other for your records. Next, have your parents/guardian and the Service-Learning Provider read and sign the form. Finally, turn in the signed copy to your School Counselor for forwarding to the Character Development Office. *Students should allow 2 weeks for review and approval.* If you are submitting this during the summer months, please mail or drop it off at the Character Development Office at: 120 Franklin Boulevard, Greensboro, NC 27401.

## Part A – Student Information

Name:	Phone:	
School:	Grade level:	Projected Graduation year:
Student's Email:		
Re-Type Student Email:		

<p><b>Investigation:</b> Describe a community need that you are interested in addressing? How do you know it is a problem? Why is it important to tackle this issue? What organizations are working to address this problem?</p>
<p><b>Planning/Preparation:</b> What is your goal? What resources will you need? Who are the people that you will need to contact? How long will it take to reach your goal? How will you connect this experience to what you are learning in school?</p>
<p><b>Action:</b> What activities will you complete in order to address this need?</p>
<p><b>Reflection:</b> How will you reflect on your service and learning throughout the experience? (For example, will you keep a journal or scrapbook, document your learning using video or photography, and/or periodically discuss your progress with others.)</p>
<p><b>Demonstration:</b> How will you demonstrate to others that this made a difference? (For example, writing a letter to an elected official, sharing your scrapbook, creating a PowerPoint presentation or brochure to share at church or school).</p>

Student pledge: *"I agree to fulfill the duties and the time commitments recorded below in a manner that demonstrates my good character. I will provide adequate notice if I am ever unable to keep my commitments. I further agree to abide by all rules and procedures where I am serving."*

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part B – Service-Learning Provider Information**

Name of Agency/Organization:

Address:

City, State, Zip Code:

Contact person(s):

Title/position:

Phone # (s):

Email address(s):

Days and hours scheduled for the student volunteer:

Brief description of job(s) to be performed by the student:

Agency agrees to abide by the rules, processes and procedures of the GCS Service-Learning Program

Certificate of Insurance on file:

Signature of Contact Person: \_\_\_\_\_ Date: \_\_\_\_\_

**Part C – Parent /Guardian Permission**

I give my permission for \_\_\_\_\_ to provide service for the agency/class/club project and time indicated on this form. I understand that she/he will be offering meaningful service to our community and that no compensation is offered for this service. Guilford County Schools only approves the service-learning experience as an acceptable service to earn hours through the Service-Learning Diploma and Awards Program. I understand that it is my responsibility as parents/guardians to approve the agency with whom my child chooses to conduct service.

Emergency Contact Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_