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# SERVICE-LEARNING **PLANNING FORM**

STUDENT'S NAME:

STUDENT'S ID#:

SERVICE EXPERIENCE TITLE:

AGENCY/CLASS/CLUB:

SCHOOL YEAR:

**NEED** – What is an issue or need in my school or community that I would like to help address?

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**PURPOSE/OUTCOME** – How will this plan help? What do I expect to happen as a result of my service?

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**PARTICIPATION** – What will I do to help?

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**CHECK OUTCOMES** – How will I know if this makes a difference?

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**RESOURCES** – What is needed to get the job done? (e.g. supplies)

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# SERVICE-LEARNING PRE-APPROVAL FORM

Please complete this form online. Remember to print it before submitting it electronically via the Character Development website. Please have the printed copy signed by your parents/guardian and Service-Learning Provider. Submit the signed/approved copy to your School Counselor. It is recommended that students keep a copy of this form for their records.

Part A

To be completed by student – PLEASE PRINT OR TYPE. You must allow 2 weeks for review and approval.

Name: \_\_\_\_\_ School: \_\_\_\_\_

Grade level: \_\_\_\_\_ Graduation year: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Student's Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Identify a school or community need that is of interest to you: \_\_\_\_\_

What activities do you plan to complete in order to address this need? \_\_\_\_\_

**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

To be completed by agency's volunteer coordinator/director/supervisor for the project – PLEASE PRINT OR TYPE

Name of Agency/Project: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Contact person(s): \_\_\_\_\_ Hours: \_\_\_\_\_

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: \_\_\_\_\_ Tax Exempt #: \_\_\_\_\_

Contact Person's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Part C

To be completed by parent/guardian – PLEASE PRINT OR TYPE

I give my permission for \_\_\_\_\_ to serve as a volunteer for the agency/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.

(In case of emergency) Name & Contact No.: \_\_\_\_\_

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

