



# INCARNATE WORD ACADEMY

*A Catholic College Preparatory for Young Women, Est. in 1873*

## **Declaration of Service Agency**

NAME OF STUDENT: \_\_\_\_\_ Class of: \_\_\_\_\_

NAME OF AGENCY: \_\_\_\_\_

AGENCY CONTACT: (E-MAIL) \_\_\_\_\_ (PHONE) \_\_\_\_\_

DATES OF SERVICE: \_\_\_\_\_

DESCRIPTION OF SERVICE: *(Briefly describe the type of service to be expected of you at your site.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I acknowledge that I have read and understood the IWA service learning program requirements. The above information designates the particular agency with whom I will be earning my DIRECT hours.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*More information regarding the service learning program can be found under the Campus Ministry tab on our School Website.\**

Questions? Contact: Mrs. Valka, Campus Minister, [rvalka@incarnateword.org](mailto:rvalka@incarnateword.org)

Campus Minister Signature: \_\_\_\_\_ Date: \_\_\_\_\_