



# 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.)*

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*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: Ms. Panzarini, Campus Minister, [apanzarini@incarnateword.org](mailto:apanzarini@incarnateword.org)

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