



Dayton Early College Academy
Office of Community Involvement
 300 College Park | Dayton, OH 45469
 Phone: (937) 229-5778

Community Service Contract

Student ID: _____ **Gateway:** _____

Student Name: _____

Advisor: _____

Community Service Site: _____

Community Service Date: _____ **Total Hours Earned:** _____

Time of Arrival: _____ **Time of Departure:** _____

Type of Activity/Work: _____

Sponsor: _____ **Sponsor Phone:** _____

Sponsor Email: _____

Transportation Provided by: _____

Sponsor Signature

Date

Community Service Parent/Guardian and/or Advisor Agreement and Responsibilities:

1. I grant my child/student permission to participate in this DECA community service opportunity.
2. I recognize and understand that attendance is a priority, and the student must notify both the community service sponsor and his/her advisor in case of a necessary absence.
3. I understand and agree to the work conditions, goals, and guidelines of the DECA community service program.

As the parent/guardian and/or advisor of the community service student, I understand and agree to all of the above statements. I also agree to be cooperative with the Director of Community Involvement and the community service sponsor in promoting the DECA community service program and this contract. In addition, I understand the community service contract can be broken if the community sponsor or the Director of Community Involvement deems a termination is necessary.

Advisor Signature

Date

Parent/Guardian Signature

Date

For Office of Community Involvement Use Only Signature: _____	Total Hours: _____
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