

LINCS SERVICE LEARNING PRE-APPROVAL FORM

IS THIS NON-PROFIT VOLUNTEER ORGANIZATION CURRENTLY POSTED AS PREAPPROVED ON LINCS WEBSITE OR BULLETIN BOARD?

- YES** (Fill in Student Information on this page, start volunteering and recording daily hours on the reverse side of this form.)
 NO (Page 1 of this form must be completed and turned in to the LINCS Coordinator **PRIOR** to starting the service learning activity.)

STUDENT INFORMATION

Name: _____ Date of Birth: _____
Last Name First Name
 Phone Number: _____ Parent/Guardian Name: _____
 Address: _____
Street City State Zip
 Student Email: _____

Homeroom Teacher: _____
 Class of: 20____ Homeroom # _____
 School: _____
 Date of Form Submission: _____

Detailed explanation of service learning activity: _____

 I have read and am aware of current CRSD LINCS Guidelines and form submittal dates.

 Student Signature Date Parent/Guardian Signature Date

PRE-APPROVED NON-PROFIT ORGANIZATION AGREEMENT (Completed by Pre-Approved Supervisor)

Organization Name: _____ Phone # _____
 Address: _____
 Activities to be performed by the student (Please be specific as to how this activity services the community)

As a NON-PROFIT Organization We Agree to:

1. To provide community service learning for students of the Council Rock School District under the direction and supervision of our staff and directors.
2. To permit a school representative to visit at the student's place of service for supervision and review.
3. To keep a **daily date/time record of hours** served and to complete the service learning verification form for each student.
4. That no agency discrimination exists on the basis of race, color, national origin, sex, or disability.
5. ******That our liability insurance will cover the student's participation in this service learning activity.

My signature verifies that:
 ... My three clearances are current and on file with the Council Rock SD / Department of Human Resources
 ... I agree to the service learning criteria printed to the right.
 ... We are a *Non-Profit* organization (IRS 501 (c)3)
 ... I agree to directly supervise (on site) the student in the activities listed above.
 ... I am 18 or older and I am not related to the student.

OFFICE USE ONLY:
 Clearances are current and on file.
 APPROVED **DISAPPROVED**

 LINCS COORDINATOR SIGNATURE DATE

 Supervisor's Name (Print) Supervisor's Signature Date

