



## SERVICE LEARNING COMMITMENT FORM

*To be completed by Student*

Student's Name \_\_\_\_\_

Name of Organization \_\_\_\_\_

Starting Date \_\_\_\_\_ Projected Finish Date \_\_\_\_\_

Please use the space below to describe the organization with which you will complete your service learning commitment. Please include a detailed description of what you will do while in service to this organization.

Upon completion of the requirement, I will submit a completed evaluation (no later than August 1, prior to my senior year) to the Assistant Head of School for CIE via the designated form located at [gilman.edu/post-service-forms](http://gilman.edu/post-service-forms). I will assume the responsibility of carrying out this service in accordance with the regulations of the organization and will notify the Volunteer Coordinator in advance when I cannot fulfill my duties due to illness or other circumstances.

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**DATE**

*To be completed by Parent*

I give my consent to my son's involvement in the above service learning project and release Gilman School from any responsibility in case of accident or injury sustained while traveling to or from the organization or while performing the service.

\_\_\_\_\_  
**PARENT SIGNATURE**

\_\_\_\_\_  
**DATE**

*To be completed by Volunteer Coordinator*

I have interviewed the student and agree to supervise his experience. Once his service has been completed (a minimum of 50 hours within a 14-month period of time), I agree to complete and submit an evaluation of his service on the following web page: [gilman.edu/post-service-forms](http://gilman.edu/post-service-forms).

\_\_\_\_\_  
**VOLUNTEER COORDINATOR SIGNATURE**

\_\_\_\_\_  
**DATE**

*To be completed by the Assistant Head of School for Community, Inclusion, and Equity (CIE)*

I hereby give my approval to the above named student for the proposed Service Learning Project.

\_\_\_\_\_  
**ASSISTANT HEAD SIGNATURE**

\_\_\_\_\_  
**DATE**