## Request for Service Activity Approval

## Etowah High School

Student Name:	):						
CCSD Email:							
Date of Request:	Date of Completion of Activity						
Name of Organization:							
Please give a brief description of the pu	rpose/mission	behind th	is orga	nization	n:		
What tasks will you complete for this or	ganization?						
Why do these tasks qualify as a commu	nity service act	ivity?					
Any additional information you feel nee	ds to be share	d to give a	a clear i	idea of t	this proje	ect:	
Is this a non-profit organization? Circle	one	yes		no			
Will you be financially compensated? Ci	rcle one yes		no				
Is this during school hours? Circle one	yes		no				
Are you claiming this activity for anothe	r organization	? Circle or	ne		yes		no
Is this activity a part of the completion of	of a class assigr	nment? Ci	rcle on	e yes		no	
VERIFICATION BY MEMBER OF ORGAN	IZATION:						
I verify that the above information is co	rrect in regard	s to the co	ompleti	on of th	nis servic	e activity	y.
Signature	Date						