

Form B: Registration of Volunteer Site

BUSD Service-Learning

This form must be submitted by students who wish to do volunteer service at a site not on the current Service-Learning Approved Resource List.

Print Name of Student _____ School _____ I.D. Number _____

Name of Agency _____ Phone/Extension _____

Street Address _____ City _____

*******TO BE COMPLETED BY AGENCY*******

Purpose of Agency _____ Non-profit ID Number _____

Days Volunteers are needed _____ Times _____

Type(s) of work for which volunteers are needed _____

<u>Adult(s) who will supervise volunteers</u>	<u>Position</u>	<u>Phone/Extension</u>

Signature of Director or Manager _____ Date _____

Print name of Director or Manager _____ Phone/Extension _____

*******TO BE COMPLETED BY SERVICE LEARNING COORDINATOR*******

Approval by Service Learning Coordinator will allow the site to be used by the student submitting this form.
Approved by:

<u>Signature</u>	<u>Printed Name</u>	<u>Date</u>
_____	_____	_____

If not approved, state reason here _____ Date Denied _____

Health/Careers Teacher or Service-Learning Coordinator _____

