Community Service Approval Form

Student Name_____ Date_____

Volunteer Organization_____

Date(s) & Time(s) of Volunteer Placement_____

Expected number of volunteer hours to earn with this organization (max 50)_____

Please provide a description of the service that you will be providing with this organization:

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Supervisor's Name at Volunteer Organization_____

Supervisor's Position at Volunteer Organization_____

Phone Email_____

By signing you are indicating that the above named student has contacted you, and you have given approval for this student to volunteer with your organization.

Supervisor's Signature_____

By signing you understand that you must comply with all rules and regulations of this organization.

Student's Signature_____

By signing you are giving consent for your child to volunteer with this organization.

Parent's Signature_____

Isaac Bear Early College Approval

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Ronald Villines
Principal