

T□L□C - TEENS LINK TO COMMUNITY SERVICE PROGRAM

STUDENT PLACEMENT FORM

School Site: (circle one) Liberty Heritage Freedom La Paloma Independence

Teacher Name: _____ Period: _____

Student Name: _____ Phone: _____

(FOLD ON THE LINE)

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Student Name: _____

Non-Profit Agency Name/Event Name: _____

HOURS COMPLETED

Date Hours Date Hours Date Hours

TOTAL HRS: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

(MUST BE SIGNED TO BE VALID)

SUPERVISOR COMMENTS: