



SERVICE LEARNING

APPLICATION FOR THE ACADEMY AT LINCOLN

STUDENT INFORMATION

Name

Address

City

ST, ZIP

Email

Telephone

School

Grade Level

Agency/Course/Club Title

Agency/Course/Club Title

Contact Person

Total Hours Needed

Projected Completion Date

Times Requested

- M: _____
- T: _____
- W: _____
- TR: _____
- F: _____

STUDENT PLAN

NEED • PURPOSE • PARTICIPATION • OUTCOME

*Please print or type. Please submit a completed copy to the **Front Office**.*

Need – What is an issue or need in my community that I would like to help address at The Academy at Lincoln?

Purpose/Outcome – What do I expect to happen as a result of my service?

Participation – What will I do to help?

Check outcomes – How will I measure the success of my service learning?

Resources – What is needed to get the job done? (e.g. supplies)
How will I obtain the items I need?



SERVICE LEARNING

STUDENT/ PARENT AGREEMENTS

STUDENT AGREEMENT

RESPONSIBILITY • DEDICATION • INTEGRITY • FIDELITY

Student pledge: *“I agree to fulfill the duties and the time commitments requested in a manner that demonstrates my good character. I will provide adequate notice if I am ever unable to keep my commitments. I further agree to abide by all rules and procedures where I am serving.”*

Student’s signature: _____ Date: _____

PARENT AGREEMENT

ADVOCACY • CONSENT • DIRECTION • EMPOWERMENT

I give my permission for _____ to serve as a volunteer for the agency/project and time indicated on this form. I understand that she/he will be offering meaningful service to our community and that no compensation is offered for this service. I understand that it is my responsibility as parents/guardians to approve the agency with whom my child chooses to conduct service.

(In case of emergency) Name & Contact No.:

Parent/Guardian’s Signature: _____ Date: _____

To be completed by The Academy at Lincoln Staff:

Received by: _____

Approved by: _____