

CONTRACT FORM

Bernards High School

A leader in Service-Learning

25 Olcott Ave.
Bernardsville, NJ
07924
908-204-1930

STUDENT INSTRUCTIONS: Complete this form legibly in blue or black ink. Submit it to the school student service learning (SSL) coordinator according to the following timelines:

Last Friday in September: Documentation of service performed in the summer is due on **Sept. 26th, 2025**

First Friday in June: Documentation of service performed during the second semester is due on **June 5th, 2025**

STUDENT INFORMATION —To be completed by the student upon completion of service.

Name _____
Last First MI

Parent/Guardian _____ Phone: Home _____ Work _____

School _____ Homeroom _____ Grade _____

Student e-mail address _____

Supervisor _____
Print Name Title

Signature, Supervisor / / Date

Organization _____

Phone _____ Email _____

Address _____
Street City State ZIP Code

Dates _____ *Number of hours* _____

Activity (describe)

Think about your service-learning activity and respond to:

- **What** need did your service address?
- **Who** benefitted from your service?
- **When** did your service take place?
- **How** was your service connected to service?
- **What** did you learn about yourself?

SSL COORDINATOR USE Only

Check if contract form meets service learning guidelines.

Contract form submitted to coordinator _____
Date