

# PERMISSION FORM FOR GPHS SENIOR COMMUNITY SERVICE

If the service opportunity is listed on our pre-approved list, community service website, or community service Canvas page, then you do NOT need this form.

If there is any question as to whether your community service will qualify, fill out this form first.

## Section 1: To be completed by the student and parent/guardian:

Student Name: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

**Project Description:** Please provide a detailed written description of your proposed Community Service Project. Include why you have chosen this particular project/organization, as well as what benefits you hope to derive from your service. (Attach additional sheet if necessary)

I believe this project is an appropriate activity for my son/daughter to complete in fulfilling their community service graduation requirement. I understand and agree that my son/daughter will participate under the supervision and direction of the organization/individual named below, and not by an individual working as an employee or staff member of Glacier Peak High School. Glacier Peak High School and the Snohomish School District are not liable for injuries sustained while performing community service.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Student E-Mail Address (to contact regarding approval): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

## Section 2: To be completed by the organization prior to completing your community service:

**Note to Organization:** The purpose of Community Service is for the student to experience the community through its service organizations. High school students must complete a minimum of eight total hours of community service in order to graduate.

On behalf of the organization named below, I agree to provide reasonable supervision of, and direction to, the student and to ensure that the student is not placed in a situation where he/she may be subject to unreasonable risk(s) of harm to self or others while completing the project described above.

Supervisor's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email completed forms to Mr. May at [kelven.may@sno.wednet.edu](mailto:kelven.may@sno.wednet.edu) or bring them to GPHS Room 204