



**Section B (Only complete if you want to work with an existing agency/non-profit).**

1. Organization Name: \_\_\_\_\_

2. What is the goal of this organization?

3. Coordinator/Advisor

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

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

4. Have you previously been a part of this group (Yes/No)? \_\_\_\_\_

- If yes, is the organization requiring you to do the service? Explain.

5. Have you ever gotten paid by this business (Yes/No)? \_\_\_\_\_

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**Section C (Only complete if you want to create your own service project).**

1. Project Proposal/Idea: \_\_\_\_\_

2. What are your goals?

3. How long will it take to you to reach your goals?

4. Are there any people working with you for this project (Yes/No)? \_\_\_\_\_

- If yes, state their name and grade level.

\*A student from Service Learning Leadership will be assigned to oversee your project.

## Official Office Use Only

Committee meeting date: \_\_\_\_\_

Do(es) the hours/project idea count for service? YES / NO (If no, see below for explanation)

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### **Response to Section B**

Date confirmed with business (by phone/email): \_\_\_\_\_

Reasons why the hours don't count:

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### **Response to Section C**

Service Learning Leadership Project Advisor:

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

Email: \_\_\_\_\_

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

\*Please get in touch with your project advisor as soon as possible.

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Date delivered to teacher: \_\_\_\_\_

Date delivered to student: \_\_\_\_\_

Date emailed to student: \_\_\_\_\_

\*\* If you still have questions about why your service does not count or would like your service to be reevaluated see Mr. Burrell in room P-4\*\*