

6. How will gaining the Volunteerism 30L credit impact you and influence your future goals?

7. In what ways will your volunteering impact your community?

8. What do you hope to learn? What knowledge/skills will you acquire or improve by volunteering?

9. What is your projected date of completing the collection of the 100 necessary volunteer hours?

10. How often will you meet with the supervising teacher?

11. How will you share your learning with others?

Section 3: Community Service Organization Information

Organization Name:

Last Name:

First Name:

Phone
Number:

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Email:

Organization Name:

Last Name:

First Name:

Phone
Number:

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Email:



Administrative Procedure 252-4

Organization Name:											
Last Name:						First Name:					
Phone Number:						Email:					
Organization Name:											
Last Name:						First Name:					
Phone Number:						Email:					

Attach additional pages if needed.

		Day	Mon	Year
Student	Signature			
Parent/Guardian	Signature			
Grad Coach / Supervising Teacher	Signature			
Career Education Liaison	Signature			
Principal	Signature			
Superintendent or <u>Designate</u>	Signature			

**** The signed plan and hour log are to be kept in the Student Cumulative file for 5 years. ****