

Student# _____
Student Name _____
Class of _____

COMMUNITY SERVICE PROGRAM

AGENCY APPLICATION

(Only hours completed at non-profit or government agencies will be accepted.)

(To be completed by Agency Volunteer Coordinator/Director supervising the project.)

Name of Agency/Project: _____

Address: _____

Phone: _____

Contact Person: _____

(This should be the name of the person who can verify the volunteer's hours and the quality of the volunteer's work.)

Contact Person Signature: _____

Title/Position: _____

Days and Hours scheduled for volunteer: _____

Brief description of volunteer's job:

Date: _____