



MERRITT ACADEMY
Community Service Learning Agreement



Student's Name: _____ ~~_____~~ Grade

Organization/ Project: _____ PHONE: _____

Organization's Supervisor: _____

Responsibilities: _____

Expected starting date: _____ Expected date of completion: _____

TO BE COMPLETED BY STUDENT

I, _____, agree to abide by the regulations and policies of this organization and to
(Printed Name of Student)
perform to the best of my ability, the tasks specified in this agreement. I agree to call the organization in
advance if I am detained or plan to be absent for any reason. Failure to do so will result in dismissal from
this organization and hours served to that date will be forfeited.

Student's Signature

TO BE COMPLETED BY PARENT/GUARDIAN

I, _____, the parent or legal guardian of _____,
(Printed Name of Parent/Guardian) (Printed name of student)
agree to support and encourage my son/daughter in the community service s/he will perform for the agency
listed above. I accept responsibility for transportation to and from the organization, recognizing the school
has provided service opportunities within the community.

Please check one:

I understand that my son/daughter may be photographed or video recorded during this assignment.

- I give my permission for his/her picture to appear in school publications or the local media.
 I **DO NOT** give my permission for his/her picture to appear in school publications or the local media.

Parent/Guardian's Signature

TO BE COMPLETED BY ORGANIZATION

_____ agrees to accept the responsibility of supervision, evaluation,
(Printed Name of Organization)
meaningful educational experience for this student in exchange for the community service.

Hours volunteered: _____

Signature of Organization's Representative

FOR COMMUNITY SERVICE LEARNING OFFICE USE ONLY

Principal's Pre-Approval

Principal's Signature

Hours Credited

Date Returned

Graduation Year

