Franklin High School
Service Learning and Community Service Contract

(*All Service Activities Must be Pre-Approved)

Student Name_____ **I.D. #** _____ **Class of 200**___

ORGANIZATION INFORMATION

Organization name _____

Description of Services to be Performed:

Supervisor _____ Phone Number _____

*Student must attach an introduction letter outlining why they are interested in working with the organization.

Pre-Approval Signature _____ Date _____

VERIFYING INFORMATION (To be completed by student and supervisor)

Date of Service	Hours Served	Supervisor Signature
	Total Hours	

Students must check in with their supervisor at least once prior to the completion of their hours.

The student has completed the above number of hours towards fulfillment of the Student Service requirement for high school graduation.

_____ _____ _____

Verification Signature of Supervisor **Printed Name of Supervisor** **Date**

STUDENT/ADVISOR VERIFICATION

I verify that I have completed the above documented service and understand that I must also complete the reflection requirement in order to fulfill the service-learning requirement for high school graduation.

_____ _____

Student Signature **Date**

This student has earned the above hours of service learning through completion of the verification of hours, evaluation from the organization, thank you letter and satisfactory completion of the written reflection questions.

_____ _____

Signature of Advisor/Counselor **Date**