**Community Service Approval Form**

Student Name Date

Volunteer Organization

Date(s) & Time(s) of Volunteer Placement

Expected number of volunteer hours to earn with this organization (max 50)

Please provide a description of the service that you will be providing with this organization:

Supervisor’s Name at Volunteer Organization

Supervisor’s Position at Volunteer Organization

Phone Email

**By signing you are indicating that the above named student has contacted you, and you have given approval for this student to volunteer with your organization.**

Supervisor’s Signature

**By signing you understand that you must comply with all rules and regulations of this organization.**

Student’s Signature

**By signing you are giving consent for your child to volunteer with this organization.**

Parent’s Signature

***Isaac Bear Early College Approval***

Ronald Villines

Principal