

**Service Proposal/Student Agreement Form  
2009-2010**

(Due before you begin your service)

Name of Student: \_\_\_\_\_

Name of Agency/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of On-Site Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_

Start Date: \_\_\_\_\_

Projected Total Hours of Service: \_\_\_\_\_

What service will you be providing \_\_\_\_\_

**Which days of the week and how many hours each day will you be working?**

Student Agreement: I agree that if this proposal is approved, I will make a conscientious effort to satisfactorily perform the service expected of me by May 1. I understand that I must provide 20-25 hours of service to fulfill my community service requirement.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SHA Service Coordinator

\_\_\_\_\_  
Date