



Consolidated High School District 230

Amos Alonzo Stagg High School
8015 West 111th Street
Palos Hills, Illinois 60465

- My hours are for an **APPROVED** non-profit site.
 - My hours are NOT for a friend, family member or neighbor.
 - My hours are NOT for a profit making organization
 - I did **NOT** handle money in Any way during my service
- Paper work is due within 30 days of project completion*

Service Learning Student Agreement

After completing Service, please upload this document to Proof of Service Question on the Stagg Online Verification form.

Please print neatly:

Student ID #: _____

Last Name: _____

First Name: _____

Home Telephone: _____

Alternate Telephone: _____

Site/Organization Name: _____

Site/Organization Address: _____

Site Contact: Name/Telephone/Email: _____

Responsibilities/Duties: _____

Student Agreement

*I, the above student, have elected to participate in service learning at the above site. I agree to abide by the regulations and policies of this site and Consolidated High School District 230. I agree to perform to the best of my ability the tasks specified in the agreement. I agree to call the site in advance if I am detained for any reason or am unable to attend. **No cellular telephone usage during volunteer hours.***

Student Signature

Date

Service Learning Project Verification

We verify that we do not have students participating in activities that would be considered unsafe for the age/or experience of the student. The above student has completed _____ hours of volunteer service towards his/her service learning requirement at the above site. Details are recorded by student in the table below.

Site Contact Signature

Date

Service Learning Time Sheet

DATE	TIME IN	TIME OUT	HOURS FOR DAY	What I did today	STAFF SIGNATURE

***A detailed letter from the non for profit organization may be attached to this form**

Parent Agreement

I, the parent or legal guardian of the above student, approve his or her participation at this site, and agree to lend support and encouragement to my student in the service he or she will provide for the chosen site. I accept responsibility for my student's transportation to and from the site.

The student has my permission to be transported and treated by any doctor assigned by the service site in the case of an emergency or accident.

Parent/Guardian Signature

Date

If the parent/guardian is unavailable, please notify the emergency contact person below:

Name

Telephone Number

Project Approved by: _____

Service Learning Coordinator

Date