

Chaminade-Madonna College Preparatory



STUDENT SERVICE LEARNING FORM

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Chaminade-Madonna College Preparatory views service as integral to personal growth and faith development. Therefore, we encourage our students to embrace opportunities to give of themselves to others through service. As our school mission statement reminds us, the individuals of this community:

Share their faith, achieve excellence, and become caring participants and leaders in the service of community, church, and those in need

This Service-Learning Agreement is designed to clarify expectations, communicate learning objectives, promote safety, and foster communication. *Please print legibly! You will need to complete a separate form each time service is rendered.*

STUDENT INFORMATION

Student's Name: _____ Student ID#: _____
First Last

Student's Home Phone Number: _____ Current Grade: _____

Student email address: _____

Parent /Guardian's email address: _____

Student must *initial* each of the following statements: I agree that I have...

- _____ Performed my service duties to the best of my ability.
- _____ Respected the policies, regulations and confidentiality standards of the agency.
- _____ Displayed a professional behavior while at my agency, which includes promptness, appropriate dress and language, and at least 24 hours advance notice if I am unable to fulfill my commitment.
- _____ Been an active learner using supervisor feedback and asking questions to facilitate learning.

Student Service Record

From	To	# Days of Service	# Hours Per Day	Total Hours Completed

Student: _____ Date: _____
Student's Verification Signature

Chaminade-Madonna College Preparatory

Name of Agency or Organization where service took place:

Address of Agency or Organization:

Agency Phone Number: _____

Description of the service activities the student performed:

Total Hours Volunteered: _____

Supervisor Name (print clearly) _____

Supervisor (mandatory): _____ Date: _____

Supervisor Verification Signature

C-M COORDINATOR USE ONLY

Student Service Learning Reviewed Date: _____ Approved Denied

Service Learning Director: _____ Date: _____
Signature

Service Hours Recorded by: _____ Date: _____
Initial

(Return form to Director of Service Learning after hours are recorded.)