

Fontbonne Hall Academy  
Community Service Program

**Site Contract Form**

Student's Name : \_\_\_\_\_

Grade: \_\_\_\_\_ FA \_\_\_\_\_

Name of Site: \_\_\_\_\_

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

Site Telephone # \_\_\_\_\_

Site Contact Person : \_\_\_\_\_

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

As Site Coordinator, I agree to permit the above named student to complete a minimum of 15 hours of Community Service at the above referenced site.

Signature of Site Coordinator: \_\_\_\_\_

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

As a student at Fontbonne Hall Academy, I agree to volunteer my services for a minimum of 15 hours at the above referenced site.

Signature of Student: \_\_\_\_\_

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

**THIS FORM MUST BE RETURNED ON OR BEFORE  
OCTOBER 24, 2018**