

SERVICE LEARNING TIME SHEET
John Hancock College Preparatory High School

Name: _____ Division: _____

Phone Number: _____ Student ID Number: _____

Site/Project Name: _____

Supervisor Name: _____

Supervisor Contact Phone Number: _____

Date	Time In	Time Out	Total Hours	Supervisor's Signature
TOTAL HOURS ON THIS SHEET				

Received: _____ Date: _____
 Service Learning Coach signature

Date Entered: _____

TO EARN SERVICE-LEARNING CREDIT FOR THESE HOURS, PLEASE RETURN THIS SHEET TO MS. ALAFNAN IN ROOM 313 ALONG WITH YOUR REFLECTION.

SERVICE LEARNING AGREEMENT
John Hancock College Preparatory High School

Name: _____ Division: _____

Phone Number: _____ Student ID Number: _____

Home Address: _____ Zip Code: _____

Site Address: _____

Site Contact Name: _____ Title: _____

Site Phone: _____ Project Date(s): _____

Basic responsibilities: _____

I, the above student, have elected to provide service at the above site. I agree to abide by the regulations/policies of this site and the Chicago Public Schools and to provide to the best of my ability the tasks specified in this agreement. I agree to call the site in advance if I am detained for any reason. *Failure to do so may result in removal from this site.*

Student signature

Date

This site agrees to accept the services of the student as specified and to provide meaningful tasks for this student. In exchange for services rendered, this agency will train, supervise, and evaluate the student. We will not expect the student to participate in activities that would be considered unsafe for the age and experience of the student. This is to acknowledge that we (do / do not) (circle one) provide comprehensive general liability insurance protecting the student when he/she is involved in this service project.

Site contact signature

Date

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

Parent / guardian signature

Date

MEDICAL RELEASE INFORMATION

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

Name: _____ Phone: _____

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

Parent / guardian signature

Date