COMMUNITY SERVICE PRE-APPROVAL FORM

VOLUNTEER

Full Name

Grade or ID

Phone

Email

Program

PLANNED SERVICE

Organization

Organization Phone

Address

Supervisor Name

Supervisor Email

Type of Organization

☐ Nonprofit ☐ Public Agency ☐ School ☐ Faith Group ☐ Other

Description of the Service

Start Date

End Date

Estimated Hours

SIGNATURES

Volunteer Signature

Date

Parent or Guardian Signature (Under 18)

Date

ADMINISTRATOR REVIEW

Decision

☐ Approved ☐ Not Approved

Notes

Administrator Name

Signature

Date