



Oak Lawn Community High School District 229  
 Service Learning Program – Office 117  
 9400 Southwest Highway  
 Oak Lawn, IL 60453

This form is due  
 within 2 weeks of  
 project completion!

## Service Learning Student Agreement

Return the **COMPLETED** agreement to the Student Services Office (Rm. 117) following the service project

***Please type or print neatly:*** Student ID # \_\_\_\_\_

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_

Student Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Site/Organization Name \_\_\_\_\_

Site/Organization Address \_\_\_\_\_

Name of Site/Organization contact \_\_\_\_\_

Site/Organization Telephone Number \_\_\_\_\_

Responsibilities/Duties \_\_\_\_\_

### Student Agreement

These hours ARE for an approved, non-profit organization – I have selected from the pre-approved list of sites OR I have sought pre-approval from the Service Learning Coordinator in Office 117.

\_\_\_\_\_  
 Student Initials

I have abided by the rules and policies of both the site/organization AND Oak Lawn Community High School District 229.

\_\_\_\_\_  
 Student Initials

I have NOT been handling money or soliciting donations in ANY way as a part of this service.

\_\_\_\_\_  
 Student Initials

I have reported my time accurately and honestly on this form. I understand that this information will be verified by the Service Learning Coordinator.

\_\_\_\_\_  
 Student Initials

*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 Oak Lawn Community High School District 229. I agree to perform to the best of my ability the tasks specified in the agreement.*

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

### 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

**Service Learning Project Verification**

*We verify that we do not have students participating in activities that would be considered unsafe for the age and/or experience of the student.*

The above student has completed a total of \_\_\_\_\_ hours of volunteer service at the above site.

\_\_\_\_\_  
Site Contact Signature

\_\_\_\_\_  
Date

**Service Learning Time Sheet**

Date	Time In	Time Out	Total Hours	Staff Signature

**\*\*\*Note – a letter provided from the organization may be stapled to this form in lieu of above signatures\*\*\***

**Reflection**

As a part of the service learning requirement, students are expected to reflect on their experience in approved projects. Please respond to the questions below to reflect on the value of this project for yourself and the site or organization.

Circle one:

1. Would you return to this site for volunteer work and/or recommend this site to other students?    Yes    No

2. Please give a reason for your response above: \_\_\_\_\_

\_\_\_\_\_

3. What is something you learned by volunteering here? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE ONLY**

Project Approved by \_\_\_\_\_

OLCHS Service Learning Coordinator

\_\_\_\_\_  
Date

Entered Skyward \_\_\_\_\_ by \_\_\_\_\_ Orange – Counselor File \_\_\_\_\_ This completes the SL requirement for this student \_\_\_\_\_  
Date Initials

This student has reached the max amount of OLCHS hours \_\_\_\_\_