

# SERVICE-LEARNING **APPROVAL FORM**

Read these instructions carefully. Complete online at [www.gcsnc.com](http://www.gcsnc.com). Print two copies of the completed form and sign: one form to submit, the other for your records. Next, have your parents/guardian and the Service-Learning Provider read and sign the form. Finally, turn in the signed copy to your Counseling Department for forwarding to the Character Development Office. *Students should allow 2 weeks for review and approval.* If you are submitting this during the summer months, please mail or drop it off at the Character Development Office at: 120 Franklin Boulevard, Greensboro, NC 27401.

## PART A – STUDENT INFORMATION

NAME:		PHONE:
SCHOOL:	GRADE LEVEL:	PROJECTED GRADUATION YEAR:
STUDENT’S EMAIL:	STUDENT ID#:	DATE:
RE-TYPE STUDENT EMAIL:		DATE:

**Investigation:** How are your interest, skills, and talents being applied to this service-learning experience?

---

---

---

**Planning/Preparation:** What prior knowledge and skills prepared you for this service-learning experience?

---

---

---

**Action:** What activities will you complete in order to address this need?

---

---

---

**Reflection:** Using the reflections suggestions listed in the Service-Learning Handbook, how will you articulate and demonstrate your understanding of this service-learning experience?

---

---

---

**Demonstration:** How will you share what you learned and accomplished with an appropriate audience?

---

---

---

Student pledge: "I agree to fulfill the duties and the time commitments recorded below in a manner that demonstrates my good character. I will provide adequate notice if I am ever unable to keep my commitments. I further agree to abide by all rules and procedures where I am serving."

STUDENT'S SIGNATURE:

DATE:

## PART B – SERVICE-LEARNING PROVIDER INFORMATION

NAME OF AGENCY/ORGANIZATION:

ADDRESS:

CITY, STATE, ZIP CODE:

CONTACT PERSON(S):

TITLE/POSITION:

PHONE # (S):

EMAIL ADDRESS(S):

Check which best describes your agency/organization: ☐ Non-profit ☐ For-profit ☐ School ☐ Government ☐ Other

Brief description of job(s) to be performed by the student:

☐ Organization agrees to abide by the rules, processes and procedures of the GCS Service-Learning Program  
(GCS S-L Provider Expectations on page 12 or view website at [www.gcsnc.com/servicelearning](http://www.gcsnc.com/servicelearning))

Certificate of Insurance on file: ☐

SIGNATURE OF CONTACT PERSON:

DATE:

## PART C – PARENT /GUARDIAN PERMISSION

I give my permission for \_\_\_\_\_ to provide service for the agency/class/club project and time indicated on this form. I understand that she/he will be offering meaningful service to our community and that no compensation is offered for this service. Guilford County Schools only approves the service-learning experience as an acceptable service to earn hours through the Service-Learning Diploma and Awards Program. I understand that it is my responsibility as parents/guardians to approve the agency with whom my child chooses to conduct service.

PARENT NAME:

PHONE NUMBER:

PARENT/GUARDIAN'S SIGNATURE:

DATE: