



Christian Service: Project Description / Contact Information & Student Service Contract

Student Name

Home Phone Number

Home Street Address

Email Address

City, Zip

Expected Year of Graduation

Christian Service Project Information

Type of Service for Current School Year

(Environment, Community Members in Need, or Cultural /Civic Activities)

Organization Name

Organization Address

Organization City, Zip

Organization Director

Volunteer Supervisor

Director / Supervisor Phone Number

Email Address

Service Responsibilities:

**St. Bernard's Academy Christian Service
Student Participation Contract**

I agree to fulfill my volunteer responsibilities as described. In the event that I am unable to complete my responsibilities for a particular day because of illness or schedule conflicts, I will contact my supervisor to inform him or her prior to my agreed time. I will make arrangements to complete my responsibilities at a later time.

In the event that I am unable to complete my twenty-five hours service with the organization with whom I have volunteered, I will notify the site supervisor and inform him/her. Additionally, I will notify the Christian service coordinator at St. Bernard's to inform him. I recognize that I need to take the responsibility to arrange volunteer hours with another organization to complete my service for the year.

Student Signature

Date

Christian Service Coordinator Signature

Date