



ST. THOMAS SERVICE LEARNING CONTRACT (rev. 5/7/15)

Name of Student _____ Class: Senior Junior Freshman
(circle one)

Volunteer Position _____

Name of volunteer site _____

Phone # _____

Name of volunteer supervisor _____

Title of supervisor _____

Date(s) of anticipated service _____

Service evaluation will be completed by: _____

I have reviewed and understand this agreement and will seek to perform the community service agreed upon to the best of my ability. I also understand that any forging of signatures and/or misrepresentation of information will be subject to disciplinary action by St. Thomas High School.

(signature of student)

(date)

(signature of Supervisor of service)

(date)

C.M. OFFICE USE ONLY

Received _____

Entered _____