



For Teacher use only			
Received _____	Entered _____		
_____	S	J	Senior

## Orchard Park Community Service Approval Form

**Directions:** In order to receive credit for your placement be sure forms are completely filled out. Forms that are incomplete will be returned and will not qualify for volunteer hours. Each placement volunteer form must be completed and submitted within a week of service. It is suggested that you make a copy for your records.

Name (Please print legibly) \_\_\_\_\_

Class of \_\_\_\_\_ Homeroom \_\_\_\_\_

Counselor's Name (Print) \_\_\_\_\_

Agency you would like to work with \_\_\_\_\_

\_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Phone number \_\_\_\_\_

Address /Location \_\_\_\_\_

Description of exact service and how it benefits the community

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_

Student signature \_\_\_\_\_