



# Roosevelt High School Service Learning Agreement

*(a total of 60 hours of Service Learning is  
required for graduation)*

3-7-18

## Student Information

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

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

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

## Organizational Information - to be completed by the student

Organization \_\_\_\_\_ Department \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Total hours \_\_\_\_\_  
m/d/year m/d/year

Description of the service  
\_\_\_\_\_

## Verifying Information - to be completed by the Organization

This student has completed the following number of hours. They were neither paid or given academic credit for their completion.

Number of hours: \_\_\_\_\_

Verified by (print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_

**Student must complete reverse side and make themselves a copy before submitting to the Counseling Office.**

