



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.

