

Georgetown Day School Community Service Program

Pre-Service Agreement

This form must be completed before beginning work towards your 60-hour community service requirement. If you do not complete this form, or if your service request is denied, your work will not count towards your service requirement. Please keep a signed copy of this form for your records. To find out what types of service fulfill the 60-hour requirement, please look online at www.gds.org > Programs > Community Service > HS Service > High School Guidelines. Note that 20 hours must be completed by the 1st day of Junior Year and all 60 are due by the 1st day of Senior Year.

Student's Name _____ **Class of** _____

Organization Name _____

Organization Address _____

Organization Website _____

On-Site Supervisor _____ Title _____

Supervisor Email _____ Contact Phone _____

Proposed Dates of Service From _____ To _____

Description of Work (what will you be doing, why it is consistent with HSCS guidelines, and why/how do you believe you will be performing a service for your community?):

Student's Agreement: I understand that I will be performing this service as a representative of Georgetown Day School and will behave in accordance with the expectations, rules and policies set forth by both GDS and the organization I hope to serve. I understand that by agreeing to volunteer, I am committing to fulfill my responsibilities to that organization and will do so to the best of my abilities.

Student's Signature _____ **Date** _____

Parent/Guardian Approval: My child and I have discussed the responsibilities involved in this service, including any special considerations that may arise regarding issues addressed by the organization, location, population served, transportation, the physical nature of the service, etc. I know this request must be consistent with the HS Community Service Guidelines and approved by the Community Service Director **prior** to my child beginning the activity. I approve and accept full responsibility for my child's participation in this opportunity with this organization and understand that my child will not receive direct supervision from GDS faculty, staff or chaperones during this time, as it is an independent project. I hereby release from liability GDS from any and all liabilities pertaining to travel to and from and work related to or taking place at my child's desired community service site.

Parent/Guardian Name _____ **Email** _____

Parent/Guardian Signature _____ **Date** _____

For office use only: This service activity is:

Approved NOT Approved: (Reason _____)

Signature of GDS Community Service Director: _____

Date: _____