

De Smet Jesuit High School
SENIOR CHRISTIAN SERVICE CONTRACT

*This contract must be completed at the start of your work.
Turn it in to the Pastoral Office or Athletic Office before the first day of service.*

To be filled out by the student:

_____/_____/_____
(Student's Name) (Student's Phone #) (Date service will begin)

I agree to work at _____ for a minimum of 50 hours. *
(Name of agency)

I will work _____ from _____ to _____.
(Days of the week) (Time) (Time)

I will work to the best of my ability, respect confidentiality, and be enthusiastic. If I am unable to report at the scheduled time, I will call to notify this agency.

(Student's Signature)

To be filled out by the parent:

I have read the guidelines for the Senior Service Project Program and believe that my son's choice meets the goals of the program. My son has my permission to work at the above agency.

(Signature of Parent or Guardian)

To be filled out by the supervisor:

I understand that the above named student will be a volunteer of the afore-mentioned agency, and I agree to be the on-site supervisor while this student is completing his service hours. As a volunteer, he will be given proper training and supervision for the position as well as a final evaluation and count of hours worked.

(Name of Supervisor – printed)

(Agency's telephone #)

(Agency's address for correspondence)

(City)

(State)

(Zip)

The type of work the student will perform is _____

(Description of service work)

(Supervisor's Signature)

***Comments (Any information concerning your project about which we should be aware):** _____

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