



ST. FRANCIS PREPARATORY SCHOOL
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Accredited by Middle States Association of Colleges and Secondary Schools

Member of the Board of Regents of the State of New York

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Recipient of the U.S. Education Department's "Excellence in Private Education" Award

Recognized by U.S. NEWS AND WORLD REPORT as an "Outstanding American High School"

2018-19 Christian Service Course: Service Site Contract

Please complete the form and hand in to your Sophomore Religion Teacher by Friday, May 4, 2018

A) I, _____, commit myself to serve at _____ for a
 (Student Name) (Service Site)

minimum of 2 hours each week.

- I understand that I will be required to have completed at least one session of service by the end of the first cycle of school in September, 2018 and that my service commitment will not end until the last day of classes in June, 2019.
- I understand that if my site is closed, I must make up the hours for that service session in the week before or the week after missed service in order to receive credit. I understand that the 2 hours I serve in the community is equivalent to being in class.
- I understand that as per the Parent Letter, that **if this contract is not completed/signed and turned in by Friday, May 4 2018 I will lose 5 points off my 1st Quarter final grade.**
- I understand that service sites rely heavily on the commitment of student volunteers for the duration of the year and that I will not be permitted to change sites mid-year without teacher approval for extenuating circumstances.
- **I realize the importance of making this commitment a priority over all other extracurricular activities including sports and I will make all the necessary arrangements to ensure that the people I serve receive all of my attention and energy.** I will also offer support to my classmates through my participation in the classroom.

 (Student Signature and Date)

B) The student named above has been accepted as a volunteer who will serve weekly at the site listed below. The agency agrees to guide and supervise the student and provide a written evaluation of the student's contribution quarterly.

Supervisor's Name _____ Date _____

Agency _____

Agency Address _____

Supervisor Phone # _____ Agency Fax # _____ Email _____

 (Site Supervisor Signature and Date)

C) My son/daughter has my permission and support to serve at the placement described above and I have read and understand the contract above.

 (Parent/Guardian Signature and Date)