COMMUNITY PARTNER APPLICATION

If you want to do community service with an organization that is not on the Signature-approved list currently, please fill out the following information about the organization before you do the service and turn this form in to your teacher who is responsible for logging your hours. The community service committee will discuss your application and inform you if the organization will be added to the list of partners.

NAME OF ORGANIZATION _____

IS THIS A NON-PROFIT ORGANIZATION? _____

DESCRIBE THE WORK YOU WILL BE DOING. _____
_____
_____
_____

WHO IS ULTIMATELY BENEFITTING FROM YOUR SERVICE? _____
_____
_____

WHY DO YOU THINK THIS IS A GOOD COMMUNITY PARTNER FOR SIGNATURE? _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

YOUR NAME: _____

YOUR EMAIL ADDRESS: _____

YOUR GRADE: _____

YOUR TEACHER: _____

DATE: _____