



ROSATI-KAIN
HIGH SCHOOL

Due: March 1, 2018 Confirmation of Junior Service

Name: _____ Advisory _____

Theology Teacher: _____ Date _____

Name of Service Site: _____

Agency Address: (number and street) _____

City, state, zip code: _____

Agency Supervisor: _____

Agency Supervisor E-mail: _____

Supervisor's Phone Number: (_____) _____ - _____

The requirements for this service site include the following: Check all that apply.

1. _____ **No pre-requisites for this service site.**
2. _____ **Orientation required. Dates of Orientation:** _____
3. _____ **Medical tests required:** _____

Days and Hours of Work: Please help the agency supervisor fill-in the schedule below.

	F	M	T	W	TH	F	M	T	W	TH
DATE										
HOURS										

My work at the Agency will include: (briefly describe)

The following signatures are necessary for approval of your service immersion experience.

1. I (We) approve of the service immersion experience that my (our) daughter has selected. I (We) understand that she will volunteer her time at the above named agency from.

Parent(s)/Guardian Signature(s):

-----Date:-----

Date:-----

2. The above named Rosati-Kain Student may participate in volunteer service at our agency. We have discussed and agreed upon her job description. I agree to supervise her participation at our agency.

Agency Supervisor's Signature:

-----Date-----

3. I understand and accept the requirements and conditions established by Rosati-Kain High School and the above named agency. I will do my best to serve in whatever capacity I am asked.

Student's Signature:

-----Date-----



Rosati-Kain High School Service Program Time Sheet- Junior Service

Bring this log sheet to your service site each day to record your hours. Turn this in on your service reflection day Friday, June 1, 2018.

Name _____
Hours served _____

DATE	HOURS SERVED	PLACE OF SERVICE	TYPE OF SERVICE	SIGNATURE OF SUPERVISOR

Due: June 1, 2018

JUNIOR SERVICE PERMISSION FORM

Due: March 1, 2018

Your daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from school. This activity will take place under the guidance and supervision of employees from **Rosati-Kain High School**. A brief description of the activity follows:

Name of Event: Junior Service Immersion

Educational Goal of the Event: To give students the opportunity to build relationships and a vision of service through encounters and experiences of serving underprivileged populations

Destination: My daughter's chosen service site: _____

Designated Supervisor of Activity: Theresa Wiss, Campus Minister

Beginning date: Friday, May 18, 2018

Date of completion: Thursday, May 31, 2018

Method of Transportation: own transportation required

Parents'/Guardians' Responsibility: Pray for them as they do their service.

If you would like your daughter to participate in this event, please complete, sign, and return this statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named student.

I hereby request and consent to participation by my daughter, (name)_____ in the event described above. I understand that this event will take place away from school and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

If I/we cannot be reached in the event of a medical emergency I/we give consent for the school to obtain such medical care as is reasonably necessary for the welfare of my daughter.

_____ My daughter has permission to drive.

_____ My daughter has permission to drive up to ____ other students.

_____ My daughter has permission to ride in a vehicle with a student driver.

Student's Name (Print): _____

Parent/Guardian's Signature: _____

(Date)

Phone number where father/guardian can be reached during this event: _____

Phone number where mother/guardian can be reached during this event: _____

Medical insurance company: _____

Student's medical insurance policy number: _____

Name of student's physician: _____

Phone number of student's physician: _____