



**Due: February 10, 2020**  
**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 Start time - End time (i.e. 9-3)										

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

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**Flip over - signature page on the back!**

**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  
Program**

**School Service**

**Time Sheet- Junior service May 15-28**

**Bring this log sheet to your service site each day to record your hours. Turn this in on your service reflection day.**

**Name\_\_\_\_\_**

**Hours served\_\_\_\_\_**

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

**Due: May 29, 2020**

# JUNIOR SERVICE PERMISSION FORM

Due: **February 10, 2020**

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: Erin Brennan, Campus Minister

Beginning date: Friday, May 15, 2020

Date of completion: Thursday, May 28, 2020

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: \_\_\_\_\_