



Oak Lawn Community High School  
District 229

Service Learning Program  
9400 Southwest Highway  
Oak Lawn, IL 60453

- ✓ These hours ARE for an approved site – see Mrs. Kenny in Office 117 if unsure!
- ✓ These hours are NOT for a business nor are they for a friend, family member, neighbor etc. not part of an established organization
- ✓ I am NOT handling money in ANY way

**This form is due within 2 weeks of project completion**

## Service Learning Student Agreement

Return the **COMPLETED** agreement to the Student Services Office (Rm. 117) following the service project

*Please type or print neatly:*

Student ID # \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Home Telephone \_\_\_\_\_

Alternate Telephone \_\_\_\_\_

Site/Organization Name \_\_\_\_\_

Site/Organization Address \_\_\_\_\_

Name of contact person \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date of Service \_\_\_\_\_

Responsibilities/Duties \_\_\_\_\_

### Student Agreement

*I, the above student, have elected to participate in service learning at the above site. I agree to abide by the regulations and policies of this site and Oak Lawn Community High School District 229. I agree to perform to the best of my ability the tasks specified in the agreement. I agree to call the site in advance if I am detained for any reason or am unable to attend.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### Parent Agreement

*I, the parent or legal guardian of the above student, approve his or her participation at this site, and agree to lend support and encouragement to my student in the service he or she will provide for the chosen site. I accept responsibility for my student's transportation to and from the site.*

*The student has my permission to be transported and treated by any doctor assigned by the service site in the case of an emergency or accident.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*If the parent/guardian is unavailable, please notify the emergency contact person below:*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone Number

### Service Learning Project Verification

*We verify that we do not have students participating in activities that would be considered unsafe for the age and/or experience of the student.*

*The above student has completed \_\_\_\_\_ hours of volunteer service towards his/her service learning requirement at the above site.*

\_\_\_\_\_  
Site Contact Signature

\_\_\_\_\_  
Date

### Service Learning Time Sheet

Date	Time In	Time Out	Total Hours	Staff Signature

**\*\*\*Note – a letter provided from the organization may be stapled to this form in lieu of above signatures\*\*\***

### Reflection

As a part of the service learning requirement, students are expected to reflect on their experience in approved projects. In the space below, provide a summary of your experience and reflect on the value of this project for yourself and the site or organization.

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**Project Approved by** \_\_\_\_\_  
OLCHS Service Learning Coordinator

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY

Entered Skyward \_\_\_\_\_ by \_\_\_\_\_ Orange – Counselor File \_\_\_\_\_ This completes the SL requirement for this student \_\_\_\_\_  
Date Initials

This student has reached the max amount of OLCHS hours \_\_\_\_\_