

Schaumburg High School SHARE Program Service Learning Contract

Student Information: *Please Print*

Student Name: _____
Last First

Student ID: _____ Home Phone Number: _____

Student e-mail: _____

Social Studies Teacher: _____ Social Studies Class Period: _____

Agency Information: *Please Print*

Agency Name: _____

Agency Supervisor's Name: _____

Supervisor's E-mail: _____

Agency Phone Number: _____

Description of Volunteer Duties: _____

Days and Hours that the student will be volunteering: _____

***Total Contractual Hours: _____

This student has applied for, and has been accepted as, a volunteer at my agency.

Signature of Agency Personnel **Date**

Student, Parent/Guardian, Teacher Signatures:

1. I have read the SHARE Handbook and agree to abide by all the rules of SHARE.
2. I have completed the online registration form.

Student Signature **Date**

You must meet these hours in order to avoid failure by default for the semester.

I have received and read the handbook describing the SHARE Program. My son/daughter has permission to participate in the service learning program as described above.

Signature of Parent or Guardian **Date**

Signature of Social Studies Teacher's Approval _____

Date received from student _____