



7574 West Division Street  
River Forest, IL 60305

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Name of Student \_\_\_\_\_

Class of \_\_\_\_\_

### Community Service Approval

In order for a student to be sure she will receive credit for a service project towards the Trinity High School Community Service Program, it is necessary that she receive prior site approval from Mrs. Suchland and/or the Faculty Service Committee for the service to be performed.

Name of Site/Organization: \_\_\_\_\_

Location: \_\_\_\_\_

City, State, Zip

Name of Volunteer/Site Coordinator or Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email \_\_\_\_\_

Description service/activity to be performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of population to be served:

\_\_\_\_\_  
\_\_\_\_\_

Dates and times assigned to service:

\_\_\_\_\_  
\_\_\_\_\_

Student Signature

Date

I, the Parent/Guardian of the student named, give my consent for my daughter to participate in the above mentioned service.

Signature of Parent/Guardian

Date

Please submit this form to Mrs. Suchland as soon as possible, in order to have your service hours count toward the required amount of hours. You should submit the form at least one week prior to the day you wish to participate in the service activity. *Check with Mrs. Suchland for new approvals before your service activity.*

I permit the student to complete her community service hours at the site above.

Trinity High School Faculty Signature

Date

