LINCS SERVICE LEARNING PRE-APPROVAL FORM

IS THIS NON-PROFIT VOLUNTEER ORGANIZATION CURRENTLY POSTED AS PREAPPROVED ON LINCS WEBSITE OR BULLETIN BOARD? **YES** (Fill in Student Information on this page, start volunteering and recording daily hours on the reverse side of this form.) **NO** (Page 1 of this form must be completed and turned in to the LINCS Coordinator **PRIOR** to starting the service learning activity.) STUDENT INFORMATION Date of Birth: _____ Name: Homeroom Teacher: Phone Number: Parent/Guardian Name: Class of: 20 Homeroom # Address: School: Date of Form Submission: Detailed explanation of service learning activity: ☐ I have read and am aware of current CRSD LINCS Guidelines and form submittal dates. Student Signature Parent/Guardian Signature PRE-APPROVED NON-PROFIT ORGANIZATION AGREEMENT (Completed by Pre-Approved Supervisor) As a NON-PROFIT Organization We Agree to: 1. To provide community service learning for students Organization Name:_____ Phone # of the Council Rock School District under the direction and supervision of our staff and directors. Address: 2. To permit a school representative to visit at the student's place of service for supervision and review. 3. To keep a daily date/time record of hours served Activities to be performed by the student (Please be specific as to how this activity services the community) and to complete the service learning verification form for each student. 4. That no agency discrimination exists on the basis of race, color, national origin, sex, or disability. 5. **That our liability insurance will cover the student's participation in this service learning activity. My signature verifies that: ... My three clearances are current and on file with the Council Rock SD / Department of Human Resources ... I agree to the service learning criteria printed to the right. OFFICE USE ONLY: ... We are a Non-Profit organization (IRS 501 (c)3) ☐ Clearances are current and on file. ... I agree to directly supervise (on site) the student in the activities listed above. ... I am 18 or older and I am not related to the student. ☐ APPROVED ☐ DISAPPROVED LINCS COORDINATOR SIGNATURE DATE Supervisor's Signature Date Supervisor's Name (Print)

LINCS VERIFICATION FORM

STUDENT INSTRUCTIONS: Complete this form & return to the LINCS office after completion of the service learning activity. All forms are due by May 15th (Seniors due by May 1st) to receive credit for the current school year. Forms received after the due date will not be accepted. The Log of Hours listed below MUST be completed by the student. Organizations must have active clearances on file with the LINCS office at the time of service. TO ENSURE PROMPT PROCESSING, PLEASE HAVE ALL REQUIRED INFORMATION AND SIGNATURES BEFORE SUBMITTING TO THE L.I.N.C.S. OFFICE.

STUDENT INFORMATION:

Student Name:	Grade:
MUST BE COMPLETED BY STUDENT (Required for each activity)	LOG OF VOLUNTEER HOURS (This MUST be filled in.)
Not-for-Profit Agency/Organization for which service was completed:	Caraining & Travel Time do NOT count.) DATE HOURS DATE HOURS DATE HOURS
Location where service took place:	
What specific duties did you perform and what need did you address?	-
What not-for-profit organization benefited from this activity & how?	
What challenges did you face and how did you overcome them?	
What did you learn about yourself through this activity?	TO BE COMPLETED BY THE LINCS PRE APPROVED SUPERVISOR:
☐ I am aware of the Council Rock School District guidelines & submittal timelines.	Comments:
Student Signature Date	I verify that the above named student has satisfactorily completed the total number of volunteer hours at our not-for-profit agency/organization during the listed dates & hours specified above. My required CLEARANCES and LINCS CHECKLIST(of signee) are currently on file with the Council Rock School District.
LINCS COORDINATOR - OFFICE USE ONLY	TOTAL VERIFIED VOLUNTEER HOURS:
Hours previously earned+ Hours for this activity = Total LINCS. hours to date:	X
Date	SUPERVISOR'S NAME (Same as other side - Print Name & Signature) DATE