COMMUNITY PARTNER APPLICATION

If you want to do community service with an organization that is not on the Signature-approved list currently, please fill out the following information about the organization before you do the service and turn this form in to your teacher who is responsible for logging your hours. The community service committee will discuss your application and inform you if the organization will be added to the list of partners.

NAME OF ORGANIZATION  _______________________________________

IS THIS A NON-PROFIT ORGANIZATION?  ____________________________

DESCRIBE THE WORK YOU WILL BE DOING.  _________________________
________________________________________________________________
________________________________________________________________

WHO IS ULTIMATELY BENEFITTING FROM YOUR SERVICE?  __________
________________________________________________________________
________________________________________________________________

WHY DO YOU THINK THIS IS A GOOD COMMUNITY PARTNER FOR SIGNATURE?  __________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

YOUR NAME:  ______________________________

YOUR EMAIL ADDRESS:  ____________________________

YOUR GRADE:  _____________________________

YOUR TEACHER:  ___________________________

DATE:  ____________________________