



Recorded: \_\_\_\_\_

## BISHOP GARCIA DIEGO HIGH SCHOOL

### Christian Service Contract

#### Student Information

Name (print) \_\_\_\_\_ Phone \_\_\_\_\_ Class of 20 \_\_\_\_\_

Student signature \_\_\_\_\_ Total # hours \_\_\_\_\_

#### Agency Information (to be completed by supervisor)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Agency address, ZIP \_\_\_\_\_

Supervisor \_\_\_\_\_ Position \_\_\_\_\_

Volunteer duties \_\_\_\_\_

Supervisor comments \_\_\_\_\_

*I understand that this student will be a volunteer for the **NON-PROFIT AGENCY** named above. I agree to be the on-site supervisor while this student is completing his/her service hours. I agree to provide the student volunteer the proper training, support, and supervision for the position, as well as a final evaluation and count of hours worked.*

Supervisor signature \_\_\_\_\_

Date \_\_\_\_\_

Bishop Garcia Diego High School and/or the Campus Minister reserve the right not to accept service hours performed for any organization that cannot be classified as NON-PROFIT. Service may be performed **only** for non-profit agencies. Call 967-1266, ext. 108 with questions.

COMMENTS: