Steinmetz AC
Service Learning

Name _____ Date _____ ID # _____
(legible) Last Name, First Name

Prior approval by coach _____ Date _____

Name of the *NOT-FOR-PROFIT* organization where you volunteered _____

Contact Person Signatures _____ Phone _____

Address _____

- Ø I agree to accept the services of _____, a Steinmetz AC student. In exchange for these services, I agree to train and supervise the student. We will not allow the student to participate in any activities that we deem to be unsafe for his/her age or experience. We do __ do not __ provide liability insurance.

- Ø I, parent/legal guardian of the above student, approve his/her participation at this site. I accept responsibility for my child's transportation to and from the site.

Parent signature _____ Date _____

STUDENTS ARE **REQUIRED** TO CREATE A REFLECTIVE STATEMENT ABOUT HOW (or IF) THE VOLUNTEER PROJECT CHANGED THEIR OUTLOOK TOWARD PEOPLE, SERVICE TO OTHERS, OR THE IMPORTANCE OF COMMUNITY SERVICE.

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***Some* suggested cites for volunteer opportunities** **(checkout S.L. Bd. Outside of Library)**

- ü **www.cps.k12.il.us** (far right column – click Service Learning – next click service agencies)
- ü www.volunteermatch.org - sign up by zip code
- ü www.idealist.org
- ü Public Library, Chicago Park District, local Senior Citizen Centers, Walk-A-Thons, charity events, community organizations, tutoring, Alderman Office, ***etc. etc. etc.***

There are many areas of need, use your imagination.

▶ Only *non-profit* organizations ▶ Family relationships are highly discouraged

Turn in completed form to your Service Learning Coach

Steinmetz A.C.
3030 N. Mobile
Chicago, Il
773-534-3030 - http://steinmetzac.com

Name _____ Home Phone _____

I.D. # _____ Division # _____

Site/Project Name

Date	Time In	Time Out	Total Hours	Supervisor's Signature

Received _____ Date _____