

Student's Name	<b>COMMUNITY SERVICE AGREEMENT</b> Msgr. Scanlan High School 915 Hutchinson River Parkway Bronx, NY 10465-1897 718-430-0100	Date Service Begins
Class		Teacher

To the Agency: Please complete below

Agency Name: \_\_\_\_\_

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

Duration of Service: \_\_\_\_\_

Description of Service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Be advised the student named above will be responsible for fulfilling the conditions of this contract. The student's time sheet is to be signed at the completion of the assigned service. At the completion of his/her service hours, it is to be returned to the Religion Teacher.

You are asked to notify the teacher named above at the above number should the student fail to fulfill her contract.

Student's Signature: \_\_\_\_\_

Agency Representative's Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

White Copy: Agency

Yellow Copy: Religion Teacher

Pink Copy: Student