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| --- | --- |
| Student # |  |
| Student Name |  |
|  |  |

**POLK COUNTY PUBLIC SCHOOLS**

**COMMUNITY SERVICE PROGRAM**

**AGENCY APPLICATION**

Polk County Public School students may volunteer at non-profit and Government agencies. Please provide 501c3 documentation and identify the person responsible for verifying hours

|  |  |
| --- | --- |
| Name of Agency |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |
| --- | --- |
| Phone: |  |

|  |  |
| --- | --- |
| Contact Person: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Yes, we are: |  | 501c3 | attach Non Profit documentation |
|  | Tax Exempt | attach Tax Exemption certification |
|  | Government Agency | |

|  |  |
| --- | --- |
| Scheduled days and hours for student: |  |

|  |  |
| --- | --- |
| Brief description of service: |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Contact Person Signature: | |  | | Title: |  | |
|  | |  |  | |  |  |
| Print name: |  | | | Date: |  | |