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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

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

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| --- | --- |
| 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: |  |