

STUDENT INSTRUCTIONS: Complete this form legibly in ink and have it approved by the student service learning (SSL) coordinator prior to earning SSL hours with an organization or opportunity that is not tagged as MCPS SSL Approved at the website www.mcpsssl.org. Maintain copies of all forms for your records.

STUDENT INFORMATION—To be completed by the student allowing 2 weeks for review by the school SSL coordinator.

Student's Name _____ ID No. _____
Last First MI

Parent/Guardian _____ Phone: Home _____ - _____ - _____ Work _____ - _____ - _____

School _____ Grade _____ First Period Teacher _____

E-mail _____

Identify what you will do _____

Proposed dates of service: From ____/____/____ To ____/____/____. (maximum 1 school year)

_____/____/____
Signature, Student Date

PARENT/GUARDIAN APPROVAL: My signature below verifies that:

- I approve and accept full responsibility for my child's participation in this opportunity with this organization.
- I know this request must be approved by the SSL coordinator prior to my child beginning the activity.
- I understand that by participating in this activity my child will not receive direct supervision from MCPS staff or from anyone who has participated in the MCPS SSL training available to nonprofit, tax-exempt organizations.
- I understand that there are approved SSL organizations and opportunities available to my child where supervision is provided by MCPS staff or supervisors from nonprofit, tax-exempt organizations that have participated in SSL training and agree to adhere to MCPS guidelines.

_____/____/____
Parent/Guardian Name (PRINT) Signature Date

NONPROFIT, TAX-EXEMPT ORGANIZATION INFORMATION AND AGREEMENT—To be completed by the supervisor

Organization Name Montgomery County Women's Bar Foundation Tax Exempt Number 41-2064030

Address 50 Maryland Ave., Suite 612 Rockville MD 20850
Street City State ZIP Code

Phone 240 - 777 - 9372 Fax 240 - 777 - 9376

Secular activities to be performed by student include food/clothing collection; internet & street safety education & dissemination; cross-cultural participation and awareness

My signature below verifies that

- I am 18 years old or older.
- I agree to the SSL guidelines listed on the back of this form.
- I agree to supervise the student in the above activities in a public place.

Katherine D. Savage Foundation President _____
Name (Print) Title Signature, Supervisor Date

APPLICATION REVIEW BY SSL COORDINATOR

Approved Disapproved

This does not meet SSL guidelines.

Other (explain) _____

_____/____/____
Signature, Student Service Learning Coordinator Date

Student Follow Up: Submit completed MCPS Form 560-51: *Student Service Learning Activity Verification* to the School SSL coordinator.

- By the last Friday in September for summer service
- By the Friday before first semester exams begin to document service during the First semester
- By the Friday before second semester exams begin to document service during Second semester