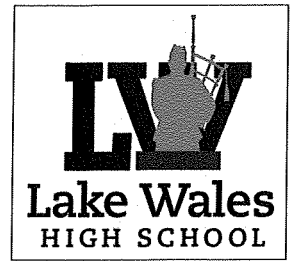


Community Service Proposal



Student Name: _____

ID Number: _____

Graduation Year: _____

Agency/Business Name: _____

Agency/Business Phone: _____

The social issue I will address is (check one):

- | | |
|---|---|
| <input type="checkbox"/> Elder Care | <input type="checkbox"/> Fundraising / Community Engagement |
| <input type="checkbox"/> Human Rights | <input type="checkbox"/> Literacy / Education |
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Poverty / Hunger / Homelessness |
| <input type="checkbox"/> Childhood Obesity | <input type="checkbox"/> Bullying / Abuse |
| <input type="checkbox"/> Environmental Protection / Recycling | <input type="checkbox"/> Mental & Physical Disabilities |

Reason for choosing this community service activity

Student Signature

Date

Parent Signature

Date

Agency/Business Contact Signature

Date

LWHS Community Service Coordinator Signature

Date

The Community Service Coordinator has been contacted and the project is _____ APPROVED _____ NOT APPROVED