



# Prince George's County Public Schools

## Service-Learning Site Approval Form

This form must be completed for approval of an organization that is not included in the Student Service Opportunity Directory. The directory is available through your school counseling office.

Please work with the agency representative to fill out this form in its entirety and return to your assigned School-Based Student Service-Learning Coordinator. **Please note that turning in this form does not automatically equal site approval.**

---

To be completed by student:

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

School: \_\_\_\_\_ Telephone: \_\_\_\_\_

Student Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ I request approval of the above agency as a service-learning site. I have already spoken to the contact person about the possibility of completing service hours.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

To be completed by agency representative:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Agency mission: \_\_\_\_\_

The student's volunteer activities will include: \_\_\_\_\_

This agency is a (please circle one) non-profit agency /for-profit nursing home, hospital, licensed day care facility. Tax ID Number \_\_\_\_\_

---

For School-Based Student Service-Learning Coordinator Only:

I have talked with the agency representative and determined that the organization is (circle one) approved / not approved.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_