

ALTERNATIVE SERVICE PROJECTS

This is an application for permission to create your own service project. ***Your project must be approved by Ms. Zimmerman BEFORE you begin.***

You must complete this form if you are:

1. Helping a neighbor, or
2. Helping a family member who is seriously ill or disabled, or
3. Creating your own service project to help the community, or
4. Baby-sitting will rarely be approved.

Use the space below to describe your service project in **detail**.

How much time do you think this project will take? _____

Name: _____ Grade: _____

Student Signature: _____

Parent Signature: _____

APPROVED _____ NOT APPROVED _____ Reason for non-approval _____

Service Coordinator Signature: _____

If your service project is approved, this form replaces a supervisor's signature. **Keep track of the time you spend doing your service on the back of this paper.** Staple this form to your service verification paper before you turn it in on February 1st.