



Braden River High School Community / Volunteer Service Approval Request

This form must be completed and all signatures obtained prior to starting a volunteer service project.

Student Name: _____ Date: _____

School: _____ Grade: _____

Title of project: _____ Date(s): _____

Sponsoring Club/Organization: _____

Service Project Supervisor Name: _____ Phone Number: _____

Social issue being addressed: _____

Description of Community Service Project:

Student Signature

Parent Signature

Service Project Supervisor Signature

Volunteer Service Coordinator Approval