

Student # _____
Student Name _____

POLK COUNTY PUBLIC SCHOOLS COMMUNITY SERVICE PROPOSAL FORM

The student must submit a proposal to the Community Service Contact at the school site before beginning any project. Please refer to the community service brochure for a list of approved vs. not approved hours.

Service Organization Information:

Name of Organization: _____

Address: _____

Phone: _____

Contact Person: _____

Contact Person Title: _____

Yes, we are:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

501c3

Tax Exempt

Government Agency

attach Non Profit documentation

attach Tax Exemption certification

Scheduled days and hours for student: _____

Brief description of service: _____

Contact Person Signature: _____ Date: _____