# MVRCS COMMUNITY SERVICE ACTIVITY PROPOSAL 2009-2010

***Students: Complete this form and submit it to Mrs. Rubin for approval***

First Name: _____ Last Name: _____ Date: _____

E-mail Address: _____ Gender: ____ Gr: _____

Home Phone: _____ Cell Phone: _____

## Nonprofit Organization Information

Name of **Nonprofit** Organization: _____

Type of Activity: _____ When You Wish to Start: _____

Date of Activity: _____ Approximate # of Hours: _____

Contact Name: _____ Contact E-Mail or Phone: _____

Location of Service: _____ Ongoing? Y / N

Please outline, in detail, the project that you wish to undertake. Include all relevant information such as the project's timeframe and a description of all responsibilities you will assume.

This form must be submitted to and approved by Mrs. Rubin prior to starting the activity. Once it is approved, Mrs. Rubin will provide you with a form to be completed by your supervisor. **This is not the supervisor form.**

Please note that if you are doing a walk or run independently, you must provide copies of all registration materials and proof of donations collected (e.g., cancelled checks).

Describe duties and activities **in detail** (use additional paper if necessary):

_____

_____

_____

_____

_____

MRS. RUBIN'S RESPONSE: APPROVED (once approved, supervisor form to follow)

DECLINED for the following reason(s)

****Hours will accumulate effective August 1, 2009 for the 2009-2010 school year****