

# ST. BRENDAN HIGH SCHOOL

## COMMUNITY SERVICE LEARNING PRIOR AUTHORIZATION AND VERIFICATION FORM

<b>INCOMPLETE FORMS WILL BE  RETURNED <u>UNPROCESSED</u></b>	<b>Guidance Office use only</b>  Date Received _____ Date Processed _____	<b>Community Service Learning Office use only</b>  For CSL Hours ___ Not for CSL Hours ___  10/25 (or 4/10) _____
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Student Name (Please Print): \_\_\_\_\_ Student ID: \_\_\_\_\_

**DESCRIBE IN DETAIL THE SERVICE YOU WOULD LIKE TO ENGAGE IN (For Prior Authorization) OR HAVE ALREADY ENGAGED IN:**

Description of community service is on the attached letter from Dr. Gigi's Raise Me Up Foundation.

Date(s) of Service: \_\_\_\_\_ Time of Service: \_\_\_\_\_

Total Number of Hours: \_\_\_\_\_

Organization: Dr. Gigi's Raise Me Up Foundation

Event: \_\_\_\_\_

*I certify that the information on this form is, to the best of my knowledge, truthfully reported and in keeping with the high level of integrity of the St. Brendan High School Mission.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Club \_\_\_\_\_  
(Only needed if done through a club at St. Brendan High)

Club Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Only needed if done through a club at St. Brendan High)

**Prior Authorization** (Required for any community service performed with any organization not on St. Brendan High School's Approved Agencies list)

CSL Coordinator, Mr. Caballero (D105) / Assistant CSL Coordinator, Mr. Cofiño (B116)

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

***Any community service performed with a not-for-profit organization must be verified on the organization's letterhead and include the following: Date(s)/ time(s) of service, activity performed, supervisor's name, position, phone number and e-mail address. Also, fill-out and attach this form to it.***