

Student pledge: "I agree to fulfill the duties and the time commitments recorded below in a manner that demonstrates my good character. I will provide adequate notice if I am ever unable to keep my commitments. I further agree to abide by all rules and procedures where I am serving."

STUDENT'S SIGNATURE: _____

DATE: _____

PART B – SERVICE-LEARNING PROVIDER INFORMATION

NAME OF AGENCY/ORGANIZATION: NCCS

ADDRESS: 713 North Greene Street

CITY, STATE, ZIP CODE: Greensboro, NC 27401

CONTACT PERSON(S): Alison Jones

TITLE/POSITION: Director of Administration

PHONE # (S): 336-272-0359

EMAIL ADDRESS(S): ajones@nccjtriad.org

Check which best describes your agency/organization: Non-profit For-profit School Government Other

Brief description of job(s) to be performed by the student:

Assist NCCS with facilitation and delivery of programs

Organization agrees to abide by the rules, processes and procedures of the GCS Service-Learning Program (GCS S-L Provider Expectations on page 12 or view website at www.gcsnc.com/servicelearning)

Certificate of Insurance on file:

Alison W. Jones
SIGNATURE OF CONTACT PERSON:

08-25-2017
DATE:

PART C – PARENT /GUARDIAN PERMISSION

I give my permission for _____ to provide service for the agency/class/club project and time indicated on this form. I understand that she/he will be offering meaningful service to our community and that no compensation is offered for this service. Guilford County Schools only approves the service-learning experience as an acceptable service to earn hours through the Service-Learning Diploma and Awards Program. I understand that it is my responsibility as parents/guardians to approve the agency with whom my child chooses to conduct service.

PARENT NAME: _____

PHONE NUMBER: _____

PARENT/GUARDIAN'S SIGNATURE: _____

DATE: _____