

# **CR-B Cares**

## **Student Approval Form**

**Directions:** Students should complete this form and return it to their Advisor within two weeks of the date of service. Students should keep completed summer hour forms until school resumes in the fall. Seniors must turn in all hours by May 1<sup>st</sup> of their graduation year.

Student Name (print): \_\_\_\_\_

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

Service Activity/Organization: \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_ Total Hours: \_\_\_\_\_

*Travel, sleep, and meal breaks should not be included as service hours – 12 hours max per day – 25 hours max per activity/organization.*

Student Signature: \_\_\_\_\_

*My signature states my understanding that if the event does not meet the CR-B Cares requirements, the hours may not be counted. I will contact the site supervisor if there is a conflict with this commitment. I pledge to be a good representative of CR-B schools at all times.*

Parent Signature: \_\_\_\_\_

*My signature represents my approval of the student's volunteering as explained on this document. I understand that my student is the person required to complete the service activity as explained on this document.*

Advisor Signature: \_\_\_\_\_

*My signature signifies that I have spoken with the student about their service activity.*

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Community Member/Site Supervisor Name (print): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address (if available): \_\_\_\_\_

I verify that \_\_\_\_\_ volunteered for \_\_\_\_\_ hours.  
*Name of Student* *# of hours*

Comments:

**Community Member/Site Supervisor Signature:** \_\_\_\_\_