



Student Service-Learning Site Pre-Approval Form

The purpose of this form is for students and/or organizations seeking approval for the Student Service-Learning (SSL) Activity prior to the student completing the SSL activity. Submission and approval of this form by the School-Based SSL Coordinator will ensure that the student will receive the SSL independent hours after completing the activity at the stated organization.

To the Student: Please work with the organization representative to fill out this form in its entirety and return to your assigned School-Based Student Service-Learning Coordinator.

\*\*Please note that submitting this form does not automatically equal site approval. Please follow-up with your School-Based SSL Coordinator. Be sure to make a copy of this Pre-Approval Form for your personal files.

Remember that any Student Service-Learning independent activity must meet the Maryland State Department of Education's 7 Best Practices and include preparation or research, action, and reflection:

- Checkmarks next to seven criteria: The Student Meets a Recognized Need in the Community, The Student Achieves Curricular Objectives, The Student Gains Necessary Knowledge and Skills, The Student Plans Ahead, The Student Works with Existing Service Organizations, The Student Develops Responsibility, The Student Reflects Throughout the Experience.

To be completed by student:

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

School: \_\_\_\_\_ Telephone: \_\_\_\_\_

Student Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

I request approval of this organization as a service-learning site. I have already spoken to the contact person about the possibility of completing service hours.

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

To be completed by organization representative:

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Mission: \_\_\_\_\_

The student's volunteer activities will include: \_\_\_\_\_

For School-Based Student Service-Learning Coordinator Only:

I have talked with the organization representative and determined that the organization is (circle one) approved / not approved. Organization status: (please check one)

- checkbox non profit organization
checkbox for-profit organization (for example nursing home, hospital, licensed daycare center)
checkbox private organization/facility
checkbox faith-based organization

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