

**Participation/Permission Form**

Name \_\_\_\_\_

Year of Graduation 200\_\_\_\_

Home Phone \_\_\_\_\_

***Lake Catholic High School  
Community Service Program***

As a participant of the Lake Catholic Stand-Out Program I acknowledge, understand and accept the following responsibilities:

- 1) I will be on time and will fulfill my obligations at the sites where I have committed myself to volunteer.
- 2) I will respect and keep confidential any information regarding any other person, employee, agency, etc that I come in contact with during and following my service.
- 3) I will always put forward my best efforts 'in completing my service obligation.
- 4) I will notify the service advisor of any problems I encountered while at my site.
- 5) I will always remember that I represent Lake Catholic and will be courteous and conduct myself with dignity.
- 6) I will maintain my file in the service office by documenting my hours.
- 7) I will encourage my peers to participate in Community Service.

I understand the criteria for Community Service at Lake Catholic as stated below

“All service hours must be completed during non-school hours (family related activities do not meet the requirement.) Service experiences **must benefit individuals in need** (handicapped or elderly) **or the community at large** (for example, any medical or hospital facilities, nursing centers, environmental agencies, social programs, church events, youth education or athletic programs) **Activities that only provide free work experience are not considered service under our program** (for example: office work for a company, yard work for a family friend, babysitting that is usually paid for etc.)”

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

I am aware and agree to my son's/daughter's commitment to the Stand-Out Program as indicated above. I understand that he/she is responsible for arranging his/her own transportation. I permit travel to and from his/her service location. I indemnify and hold harmless Lake Catholic High School from any and all liability regarding his/her participation in the Service Program. I will do all I can to support and encourage him/her with this responsibility. I agree to his/her participation while attending Lake Catholic. If I wish his/her to discontinue participation in the program or become aware of any concerns I will notify the Service Advisor.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Additional information about Lake Catholic’s Stand Out Service Program can be found in the Student Handbook or on the website (lakecatholic.org) under Ministry**