

**Hortonville High School  
Youth Service Learning  
Application/Approval & Verification Form**

**THE FRONT SIDE OF THIS FORM  
MUST BE COMPLETED BEFORE STARTING  
YOUR SERVICE LEARNING PROJECT**  
Parent/guardian permission must be given *before*  
obtaining approval by the Youth Service Learning Coordinator.

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Last Name                                      First Name                                      Middle Initial                                      Graduation Year

**Identification of Service Learning Project**

Agency/Organization \_\_\_\_\_

Supervisor \_\_\_\_\_  
(Please print name of supervisor)

Telephone \_\_\_\_\_

Explain in detail your service learning project.

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I, as parent or guardian give permission for my child to participate in this project

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Parent or Guardian signature

Date

Approved by:

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Youth Service Learning Coordinator's signature

Date

Mrs. Stangel (Room G142) email: [annestangel@hasd.org](mailto:annestangel@hasd.org)

## Verification of Youth Service Learning Project

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Student Name \_\_\_\_\_  
has successfully completed his/her Youth Service Learning Project for  
Agency/Organization \_\_\_\_\_  
Hours Completed \_\_\_\_\_  
Supervisor's Signature \_\_\_\_\_  
Date Completed \_\_\_\_\_  
Telephone Number \_\_\_\_\_

### Reflection

Type a detailed reflection on your service experience and attach it to this form. Credit for hours will be granted upon the submission of this form and the typed reflection paper completed by the student. The following questions may be used as a guide:

- Explain the service project in which you were involved.
- How did this experience make a difference or serve others?
- What did you learn about yourself and the community?
- What do you feel was personally rewarding about the project?
- How will this help you in the future?

**This form must be submitted  
within 90 days of the completion of the  
Service Learning Project.**