NYS SEAL OF CIVIC READINESS
COMMUNITY SERVICE PRE-APPROVAL FORM

Student Name: _____ **Date:** _____

Counselor: _____ **Year of Graduation:** _____

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This form should be completed by the Community Service Supervisor/Sponsoring Agency before Community Service Hours Begin.

Sponsoring Agency/Organization: _____

Address: _____

Supervisor/Contact Person: _____

Phone: _____ E-mail: _____

Description of community service to be performed:

_____

_____

_____

_____

Proposed Start Date: _____ Proposed End Date: _____

I understand that in order for this service experience to count towards earning the NYS Seal of Civic Readiness, I must complete up to 25 hours of community service with this agency and also complete a Service Learning Reflection form This service is to be provided without any monetary compensation and cannot be combined with any other service requirement. ***Please submit this completed form to Mr. Kapperman in the Main Office.*** *Any questions or concerns can be addressed to Mr. Patrick Kapperman at Amherst High School at pkapperman@amherstschools.org or 716-362-8193.*

Student Signature: _____