William Fremd High School VIKES Service Contract

Teacher: _____ **Semester:** _____ **Course:** _____

Student Name: _____ **ID #:** _____

Agency Name: _____

Direct Supervisor: _____

Supervisor's Phone Number: _____ **Email** _____

Approximate Start Date _____ **End Date** _____

What are the days and hours of your commitment? _____

Description of Volunteer Duties:

Student Acceptance - I have read the conditions for the VIKES program and I agree to abide by those policies and to fulfill my commitment with the listed organization.

X _____

Student Signature **Date**

Agency Acceptance: The student listed above has been accepted as a volunteer at our organization.

X _____

Supervisor Signature **Print Name** **Date**

Parent Permission: My son/daughter has permission to serve the listed organization to earn credit for the VIKES Project.

X _____

Parent (Guardian) Signature **Date**