

**Schlarman High School  
Faith Alive Christian Service Learning Program  
Agency Project Agreement**

-----  
Name of Agency or Organization

-----  
Telephone Number

-----  
Contact Person

-----  
Title

**Project Details**

Project Description: \_\_\_\_\_  
\_\_\_\_\_

Date(s) and Time(s) \_\_\_\_\_

Location of Service: \_\_\_\_\_

Number of Students Needed: \_\_\_\_\_

**Agreement**

The above named agency or organization has requested the assistance of Schlarman High students for community service and agrees to the following terms and conditions:

1. Students shall be supervised at all times
2. It is the responsibility of the agency or organization to provide suitable supervision (Schlarman recommends a minimum of one supervisor for each seven students).
3. The above named agency or organization shall keep an accurate record of the date(s), names of student(s) participating and number of hours of service provided.
4. The above named agency or organization shall complete the **Agency Project Verification Form** and return it within 48 hours of the completion of the service.
5. The above named agency shall provide any necessary safety equipment (eye-protection, gloves)
6. Schlarman High School assumes no responsibility for any accident or injury involving the student while participating in a project outside of school time.

-----  
Agency/Organization Authorized Signature

-----  
Date

-----  
Schlarman Representative

-----  
Date

**Please send to:** Faith Alive Director, Schlarman High School, 2112 North Vermilion Street, Danville, Illinois 61832 or Fax to 217-442-0293. Thank you for supporting Faith Alive.