

Student # _____
Student Name _____

**POLK COUNTY PUBLIC SCHOOLS
COMMUNITY SERVICE PROGRAM**

AGENCY APPLICATION

Polk County Public School students may volunteer at non-profit and Government agencies.
Please provide 501c3 documentation and identify the person responsible for verifying hours

Name of Agency _____

Address: _____

Phone: _____

Contact Person: _____

Yes, we are: 501c3 attach Non Profit documentation
 Tax Exempt attach Tax Exemption certification
 Government Agency

Scheduled days and hours for student: _____

Brief description of service: _____

Contact Person Signature: _____ Title: _____

Print name: _____ Date: _____