



# Marble Hill School for International Studies



99 Terrace View Avenue, Bronx, New York 10463

Wanda Dingman, Assistant Principal

Kirsten Larson, Principal

Paul Parris, Assistant Principal

<http://community.marblehillschool.org>

This COMPLETED form must be returned to room 822 and approved by the Community Service Coordinator (Ms. M. Rosario) BEFORE you begin volunteer work.

## PAGE 1: COMMUNITY SERVICE SITE REQUEST & PLACEMENT FORM

### Student Information (to be completed by student):

Student Full Name \_\_\_\_\_ School Year: \_\_\_\_\_  
Grade/Class (Circle): 9 10 11 12 A B C D Advisory Teacher: \_\_\_\_\_  
Student Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### \* Service Site Information (\*to be completed by site supervisor):

\*Name of Organization and Service Site: \_\_\_\_\_

\*Placement Site Physical Address: \_\_\_\_\_

(Bldg. #, Street Name/Number, and "Street", "Avenue"...)

(City, State)

(ZIP CODE)

\*Mailing Address, if different: \_\_\_\_\_

\*Volunteer Coordinator/Site Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

\*SIGNATURE of Volunteer Coordinator/Site Supervisor \_\_\_\_\_

\*Date: \_\_\_\_\_ \*Phone Number: \_\_\_\_\_ \* Email: \_\_\_\_\_

\*Name and Title of person who will directly supervise the student and sign time sheets:

\* Name: \_\_\_\_\_ \*Title \_\_\_\_\_

\*Description of the Site's Clients and Services \_\_\_\_\_

\*Student's Expected Activities/ Job Description \_\_\_\_\_

\*Student's Weekly Service Day: \_\_\_\_\_ Time: From \_\_\_\_\_ to \_\_\_\_\_

### *Parent/Guardian Declaration of Acknowledgement (to be signed by student's parent or guardian)*

I, the parent/guardian of the student named above, hereby give my permission for my child to participate in the program described above.

Parent/Guardian Name (PLEASE PRINT) \_\_\_\_\_

Parent/Guardian SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Comm. Serv. Coordinator APPROVED: \_\_\_\_\_ Date \_\_\_\_\_





# Marble Hill School for International Studies



99 Terrace View Avenue, Bronx, New York 10463

Wanda Dingman, Assistant Principal

Kirsten Larson, Principal

Paul Parris, Assistant Principal

## PAGE 2: Parent Notification/ Consent Form for Ongoing Offsite Activities Within New York City-- COMMUNITY SERVICE PROGRAM

Student Name \_\_\_\_\_ OSIS# \_\_\_\_\_

School: Marble Hill School for International Studies Date: **06/29/2016 to 06/28/2017**

Advisor: Margarita Rosario, Community Service Program Coordinator

Purpose of Community Service Weekly Trip to Site : To serve needy populations in NYC, to help develop the community, and to learn job-readiness and leadership skills in order to prepare for future careers and college.

Community Service Site Information: SEE PAGE 1

### Community Service Transportation Details:

--Time of Departure from School: \_\_\_\_\_ Time of Return to Home: \_\_\_\_\_

--Transportation Route from School: Train/Bus Station & Line \_\_\_\_\_

--Transportation route from Service Site to Home: Train/Bus Station & Line \_\_\_\_\_

I, the parent/guardian of the student named above, hereby give my permission for my child to participate in the program described above. I understand that the following conditions apply:

- a) I understand that unless otherwise indicated in the program detail above, my child is expected to travel to and from the location site unaccompanied.
- b) I understand that unless otherwise indicated in the program detail above, my child will not be supervised by a Department of Education staff member at the location site.
- c) I understand that my child is expected to behave responsibly and to follow the school's discipline code and policies at all times. I further understand that if my child violates the school's disciplinary code or policies my child may be precluded from participating in the program.
- d) I agree and understand that I am responsible for the actions of my child, and I release the school from all claims and liabilities that arise in connection with the program, except if due to the negligence of school officials.
- e) I have indicated below any permanent or temporary medical or other condition(s), which should be known about my child: \_\_\_\_\_  
\_\_\_\_\_

f) I agree that in the event of an emergency injury or illness, the staff member(s) in charge of the program may act on my behalf and at my expense in obtaining medical treatment for my child.

g) In an emergency I can be reached at: Day: (\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_

**\*PARENT/GUARDIAN NAME (Please Print)** \_\_\_\_\_

**\*PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Additional Contact: Name \_\_\_\_\_ Day: (\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_

### **\*STUDENT DECLARATION (to be signed by High School students)**

**I have read the Parent Notification/Consent Form and I understand that I am to act in the same responsible manner in which I am expected to conduct myself in school.**

\_\_\_\_\_  
**(Signature of Student)**

\_\_\_\_\_  
**(Date)**

THIS FORM IS TO BE COLLECTED BY THE ADMINISTRATOR AND FILED FOR THE SCHOOL YEAR IN CASE OF EMERGENCY.

