



Fontbonne Hall Academy
Community Service Program

Site Contract Form

Student's Name : _____

Grade: _____ FA _____

Name of Site: _____

Address: _____

Site Telephone # _____

Site Contact Person : _____

Title: _____

As Site Coordinator, I agree to permit the above named student to complete a minimum of 15 hours of Community Service at the above referenced site.

Signature of Site Coordinator: _____

Date: _____

As a student at Fontbonne Hall Academy, I agree to volunteer my services for a minimum of 15 hours at the above referenced site.

Signature of Student: _____

Date: _____

THIS FORM MUST BE RETURNED ON NOV. 17, 2023