

WOODBIDGE TOWNSHIP SCHOOL DISTRICT

200 Washington Avenue

Iselin, NJ 08830

(732) 602-8669

FAX: (732) 602-1561

John F. Kennedy Memorial High School

Guidance Department

Date: _____

Community Service Project Permission Form

I, the parent or guardian of _____

understand and agree that to fulfill the Community Service graduation requirement at (school) my child will have to fully complete a volunteer assignment. I also understand that the Woodbridge Township School District and the Township of Woodbridge will not provide transportation, chaperones or on-site supervision of my son/daughter's work at his/her volunteer assignment.

Students, with your signature on this form, you agree to adhere to all school attendance policies and all Woodbridge Township School District and the Township of Woodbridge requirements associated with your enrollment in this program.

I agree not to hold the Woodbridge Township School District nor the Township of Woodbridge or any of its employees and/or its agents responsible in case of accident or injury to my son/daughter while driving to and from his/her volunteer assignment or while my son/daughter is performing any services in conjunction with his/her volunteer assignment.

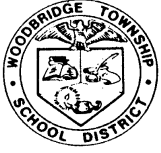
I, the undersigned, hereby waive, release and hold harmless the Woodbridge Township School District and the Township of Woodbridge and its trustees, employees and agents from and against any claim relating to this Community Service graduation requirement.

Parent _____

Home phone# _____

Student _____

Date _____



WOODBIDGE TOWNSHIP SCHOOL DISTRICT

200 Washington Avenue

Iselin, NJ 08830

(732) 602-8669

FAX: (732) 602-1561

John F. Kennedy Memorial High School

Guidance Department

Community Service Project-Volunteer Organization Form

Volunteer Organizations/Supervisors, by signing this form and/or providing the proper, legal organizational assent hereto, you agree to provide direct supervision of the Woodbridge Township School District students during their volunteer service in conjunction with the requirements of the Community Service Project.

Volunteer Organization: _____

Organization Address: _____

Supervisor's Name: _____

Supervisor's Phone: _____ Supervisor's Email: _____

Indicate times when Community Service is to be performed: After School/ Weekends

Student's Signature: _____

Parent's Signature: _____

Volunteer Supervisor's Signature: _____