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# Student Service Proposal Form

Teacher initials to verify  
this form has been graded  
and recorded:  
\_\_\_\_\_

## Student Information

To be filled out by the Student

Grade: \_\_\_\_\_ Bible Teacher: \_\_\_\_\_ Bible Class Period: \_\_\_\_\_

Student Name: \_\_\_\_\_ Gender: M F  
Last/Family Name First Circle One

Home Address: \_\_\_\_\_  
Number and Street City Zip Code

E-mail Address: \_\_\_\_\_

## Organization Information

To be filled out by the Student

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_  
Number and Street City Zip Code

Organization Contact Name, Title: \_\_\_\_\_

Organization Phone: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_  
Area Code Number Extension

E-mail: \_\_\_\_\_

## Service Description

To be filled out by the Student

Service to be credited for: Fall Spring 20 Total Hours \_\_\_\_\_  
Circle One Fill in the year

Date(s) Participated: \_\_\_\_\_

Other Students Involved (if applicable): \_\_\_\_\_

Description of Service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Signatures

Required prior to acceptance and commencement of service opportunity

### PARTICIPATION AGREEMENT

By signing below, the participant and parent/guardian acknowledge and accept the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of Cuyahoga Valley Christian Academy (CVCA) and/or the sponsoring organization, the participant and parent/guardian accept personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant and parent/guardian promise to hold harmless CVCA and the sponsoring organization and their respective representatives from any claim and/or injury related to the activity.

If a dispute over this agreement or any claim for damages arises, the participant and parent/guardian agree to resolve the matter through a mutually acceptable arbitration process. If the parties fail to agree on a process, the parties agree to use the Institute for Christian Conciliation of Billings, Montana (406-256-1583) to establish a mediation/arbitration procedure.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CVCA Bible Teacher Signature: _____	Date: _____
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**ALL STUDENTS MUST KEEP THIS FORMS FOR THEIR OWN RECORDS**