

**St. Joseph Notre Dame High School  
CSP Commitment Form for 2009 - 2010**

***DUE Jun19<sup>th</sup> --- This form must be turned in to Mr. Damian Duran- CSP Coordinator before beginning your service hours.***

**Student Information:**

Name \_\_\_\_\_ Student's phone number: \_\_\_\_\_  
Name of Agency: \_\_\_\_\_  
Agency's Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_  
Agency Contact Person: \_\_\_\_\_ Agency's Phone Number: \_\_\_\_\_

**Student Commitment:**

- I agree to perform volunteer service for this agency
- I will follow all policies of this agency and follow the directions of my supervisor.
- I understand that service must meet the program requirements of SJND High School to qualify for credit.

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

**Community Agency Commitment**

- We agree to keep track of the number of hours this student works
- We will write a letter to verify the number of hours completed by the student and to access the quality of his or her work.

**Agency Contact Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Pre-Approved Service Agencies**

*The following organizations do not require the prior approval of the CSP Coordinator. However, while the agencies below are already approved, please ensure that the work performed fits the guidelines in your CSP handbook.*

Alameda Meals on Wheels	Junior Center of Art and Science
Alameda Parks and Recreation	LEO Center
Alameda Point Collaboration	Mastik Senior Center
Bay View Nursing Home	Oakland Parks and Recreation
Berkeley Youth Alternatives	OFCY
Boys and Girls Club	Project Open Hand
Building Futures with Women and Children	Red Cross of Alameda
Catholic Charities	St. Anthony's Foundation
Catholic Worker	St. Vincent de Paul Dining Room
Chaparral House	San Leandro Parks and Recreation
The Center for AIDS services	San Leandro Shelter
Davis Street Community Center	Spanish Speaking Unity Council
East Bay Habitat for Humanity	Special Olympics
East Oakland Youth Development Center	South Shore Convalescent Home
Immaculate Care Center	Sports 4 Kid
Independence Plaza	Yes Reading (Berkeley Maynard Academy)
Jones Rest and Convalescent Home	

Please explain how your service fulfills the CSP requirements according to the CSP Handbook.

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**CSP Placement Authorization** signature only if the agency chosen is not on the pre-approved list.

**Signature of the CSP Coordinator:**

**Parent Permission**

***Parent permission must be on file before a student starts his or her service in order to qualify for credit in the Christian Service Program.***

My child, \_\_\_\_\_ has my permission to complete his or her Christian Service at \_\_\_\_\_ . I understand that all travel arrangements for volunteering at a particular agency and transportation to and from the site are the responsibility of the parent. I also understand that assuring the safety of my child during his or her service is the responsibility of the parent and of the organization for whom my child volunteers.

I agree to direct my child to follow the volunteer policies of the organization for whom my child volunteers. I understand that any expenses incurred for medical treatment of my child will be first submitted to my personal medical/dental insurance plans. Unpaid benefits can be submitted to MyersStevens as a secondary provider.

**Parent Signature** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Authorization Check List**

- The organization that I will serve is a non-profit organization registered with the State of California
- I will not be paid for the service I perform with this organization
- I can work for at least ten hours for this organization
- The student will not be doing clerical or janitorial work. Moreover, the majority of their work entails direct service.
- The organization that I will serve will verify the number of hours I complete, provide a description of my duties, and write a letter that verifies my hours service and assess the quality of service I have performed

I certify that all of the previous information is accurate to the best of my knowledge

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

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**(Cut this part and give this to the service agency as a copy in case of emergency)**

**Consent for Treatment**

I (we) the undersigned parent or legal guardian of \_\_\_\_\_, a minor, do hereby authorize a representative of St. Joseph Notre Dame High School as agent(s) for the undersigned to consent to any xray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the California Medicine Practice Act, on the Medical Staff or an accredited hospital, whether such diagnosis is rendered at the office of said physician or at said hospital.

It is understood that the authorization is given in advance of any specific diagnosis, treatment, or hospital care that the above mentioned physician in the exercise of his or her best judgment may deem advisable.

**Parent Signature** \_\_\_\_\_ **DATE** \_\_\_\_\_