

**Service Provider Information**

Name of Supervisor \_\_\_\_\_

Title of Supervisor \_\_\_\_\_

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Telephone \_\_\_\_\_

**Description: Briefly describe the nature of your organization.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Duties of the volunteer: (please be specific)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that the student is seeking a volunteer position in order to fulfill a service requirement for St. Basil Academy. I agree to supervise the St. Basil Academy student at her work site. I further agree to complete the necessary forms so she may receive credit for this service as part of her service program at St. Basil Academy. I understand that the student is not to receive monetary compensation for this service and that an offer to compensate the student could render the service unacceptable.**

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Teacher Approval \_\_\_\_\_ Date \_\_\_\_\_