St. Michael the Archangel
CSP Approval Form

Directions: For Summer Approval, email the completed form to jburns@smacatholic.org before July 31st, 2019. After that date, students must complete this form and submit it to your theology teacher by Friday, September 13, 2019.

Student Name: _____________________________ Phone: _______________________________

Grade Level: ____________ Theology Teacher: ______________________________________

CSP Agency Name: _______________________________________________________________

CSP Supervisor’s Name ___________________________________________________________

CSP Supervisor’s Phone Number & Email: ___________________________________________

   1. What will your responsibilities be during your time serving at this agency?


   2. What corporal and/or spiritual works of mercy will you practice while completing these service hours?


   3. Explain the role of your supervisor and how they will be working with you during your project.
Supervisor

I have been contacted by the forenamed St. Michael the Archangel Student and agree to work alongside him/her as he/she helps to serve our community. We have discussed and agreed upon service responsibilities and expectations, a set number of hours (including day and time) and appropriate attire and disposition. I also acknowledge that I have read the attached letter indicated that SMA will call for hours verification in the Spring.

___________________________________  __________________________________
Signature of Supervisor                      Date

Parent/Guardian

I have read the Christian Service Project Guidelines and I agree to support my child in the program.

________________________________________  __________________________________
Signature of Parent/Guardian                      Date

Student

I have read and understand the Christian Service Project Guidelines and agree to the responsibilities and expectations discussed with my supervisor. I will do my best in service to others while upholding the mission of, and respectively representing, St. Michael the Archangel.

________________________________________  __________________________________
Signature of Student                      Date

Where did you complete your CSP:

Freshmen Year: __________________________

Sophomore Year: _________________________

Junior Year: ______________________________

Teacher/Director of Community Life Approval: ____________________________________________