

Sophomore Service Experience

For: Organizations not approved through X2Vol
Please PRINT all information carefully in ink

PROPOSED PROJECT SITE: _____

Reason for choosing this organization instead of an already approved organization:

Project Supervisor's Name: _____

Project Supervisor Email Address: _____

Project Supervisor Phone Number: _____

Project Address: _____

In what ways will you be interacting with the marginalized population this organization serves?

Proposed Dates & Times for Service: _____

Sophomore Signature

Parent Signature

Campus Ministry Signature

**Please submit completed form with Sophomore & Parent Signature to Mrs. Anzalone in Campus Ministry or email the form to sanzalone@sluh.org for approval. Once approved, you will receive a copy of the completed form with all three signatures. If there are additional questions, Mrs. Anzalone will follow up with you directly.*