

UPPER ARLINGTON HIGH SCHOOL

Activity Proposal

Name: _____ Date: _____

Students need to research and decide on an activity that they may perform during their senior year. Students are not limited to this type of activity; however, students need to turn in a new form for approval **before** volunteering at other associations.

Activity Supervisor Name: _____ Phone: _____

Title: _____ Address: _____

Use *complete sentences* and *answer each thoroughly*. Incomplete forms will receive a zero and be returned to students to be corrected. Students turning in incomplete forms can receive partial credit when forms are re-submitted correctly.

Description of activity and your involvement including how community service or action hours will be incorporated into this activity:

Where will the activity take place? _____

Day/Time: _____ Number of hours per week: _____

How many hours do you expect to be involved? _____

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

VACS Advisor Approval: _____ Date: _____