

Community Service Experience Pre-Approval Form

Candidate's Name _____ Phone _____

WCU ID # _____ WCUPA Email _____ Major/Dual Majors _____

Plan for Community Service

Name of the organization/agency, address, city, state, zip code that you will serve:

Name	Address	City	State	Zip
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Type of work you will do:

Dates (approximate ending date is sufficient) when you will be doing your service *and* total number of hours:

Dates	(CONFIRMED start date to approximate end date)	Total Hours
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(If you will provide service to a **second** organization/agency, provide information below on that plan).

Name of the organization/agency, address, city, state, zip code that you will serve:

Name	Address	City	State	Zip
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Type of work you will do:

Dates (approximate is sufficient) when you will be doing your service *and* total number of hours:

Dates	(CONFIRMED start date to approximate end date)	Total Hours
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REFLECTIVE STATEMENT DEADLINE:

Within 60 days of completing service hours

Signatures

Signature of Teacher Candidate: _____ Date _____
(student's signature)

Signature of Undergraduate Program Counselor: _____ Date _____