Community Service Pre-Approval Form

Candidate's Name _____   Phone _____

WCU ID # _____   WCUPA Email _____   Major/ Dual Majors_____

Post-Baccalaurate Student:_____   Undergraduate Student: _____
(Please Check One)

Plan for Community Service

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

_____
Name   Address   City   State   Zip

Type of work you will do:

_____

_____

_____

Dates (approximate is sufficient) when you will be doing your service *and* Total Number of Hours:

_____   _____
Dates   Total Hours

*(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

Type of work you will do:

_____

_____

_____

Dates (approximate is sufficient) when you will be doing your service *and* Total Number of Hours:

_____   _____
Dates   Total Hours
****
CSE REFLECTIVE STATEMENT DUE: _____
****

Signatures

Signature of Teacher Candidate: _____Date_____
                              (Student Signature)

Signature of Undergraduate Program Counselor: _____ Date_____