School/Community Service Project Application

Student Information: *please write legibly*

Date _____ Name _____ Age _____

Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____ Email _____

Parent/Guardian email (if different from above)
_____

School Information:

Name of School_____

City/State_____ Current School Year _____

Teacher or other contact: _____

Phone: _____ Email Address _____

Project Information*: please use a separate piece of paper to complete the questions below*

1) What are the school requirements for this service project? Please include the number of hours and deadline for completion.

2) Why would you like to help dogs and/or CCAS as part of your project?

3) What do you hope to get out of your partnership with CCAS?

If you are younger than 18 years old, please have your parent or guardian sign below:

Signature of Parent/Guardian _____ Date _____

Please download and save, then send to the Volunteer Coordinator at ccasv@cuyahogacounty.us