



## O'Dea High School Christian Service Learning Pre-Approval Application

<hr/> <p>Name of Student</p>	<hr/> <p>Class Year</p>	<hr/> <p>Your D Period &amp; Room #</p>	<hr/> <p>Student's D Period Teacher</p>
<hr/> <p>Date (or Dates) of Service</p>	<hr/> <p>Expected Start Time</p>	<hr/> <p>Expected Stop Time</p>	<hr/> <p>Total Hours</p>
<hr/> <p>Name of Organization Receiving Service</p>			
<hr/> <p>Location</p>			
<hr/> <p>Contact Person Supervising Student</p>		<hr/> <p>Phone Number</p>	

**Describe how this service meets CSL standards and requirements:**  
“Serve the DISADVANTAGED; the poor, the elderly, the sick, the mentally/physically handicapped, or other marginalized people. Students will grow in compassion and understanding through challenging their comfort zones, by seeking experiences that will expand one’s faith and inner character.”

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**Date Submitted:** \_\_\_\_\_

**Date Returned:** \_\_\_\_\_

**(Approved/Disapproved) CSL Coordinator Signature:** \_\_\_\_\_