COMMUNITY SERVICE TO STUDENTS

Proposal for Approval of 30 Hours by Department Chair

CANDIDATE'S NAME _____ **DATE** _____

CAMPUS ○ **Rockland** ○ **Manhattan**

Candidate – This form is to be completed by you and submitted to your Department Chair for pre-approval. Fulfillment of this service is required for admission to teacher education programs.

- *These 30 hours are separate from course-related field experiences and must be completed for admission to junior-level methods courses.*
- *The experience must be current: since matriculation to Nyack College.*
- *The experience must be relevant: the students you work with must be in the grade-level range of the degree you are seeking (i.e., Childhood—children 1st to 6th grade, etc.).*
- *The experience must be in a semi-formal or formal setting, be with a group of children (not individual tutoring or babysitting), and be supervised.*

PROPOSED COMMUNITY SERVICE TO STUDENTS (please describe)

_____

_____

_____

_____

DATE COMMUNITY SERVICE BEGAN ____/____/____ **CONCLUDED** ____/____/____

TOTAL PROPOSED HOURS OF COMMUNITY SERVICE _____

GRADE RANGE OF STUDENTS WITH RESPECT TO DEGREE SOUGHT:

○ **Adolescent Ed (7th-12th)** ○ **Early Childhood Ed (Birth-2nd)** ○ **Music Ed (K-12th)**
○ **Childhood Ed (1st-6th)** ○ **Early Childhood--Childhood Ed (Birth-6th)** ○ **TESOL (K-12th)**

COMMUNITY SERVICE SUPERVISOR

Name _____

Institution _____

Address _____

_____

Phone _____

SUPERVISOR'S POSITION

○ **Director** ○ **Pastor**
○ **Principal** ○ **Teacher**
○ **Other**

I understand that I am responsible to make the necessary arrangements for this community service. I also understand that it is my responsibility to provide my community service supervisor with the Certification of Participation in 30 Hours of Community Service to Students form and a stamped envelope addressed to the Education Office.

SIGNATURE _____ **DATE** _____

OFFICE USE ONLY

Department Head Approval _____ **Date** _____

Candidate Notified of Approval _____ **Date** _____