

Authorization of Chesed Hours- SOPHOMORE (BLUE)

To be filled out BEFORE you volunteer

Name of Student:

Grade and Class:

Name of Organization:

Person in charge of activity:

Phone # of person in charge:

Email of person in charge:

Pre-Approval signature:

Rabbi Haber

Mrs. Ovadia

To be filled out AFTER you volunteer

Written description of activity by students:

Signature of person in charge:

Number of hours (From 00:00 – To 00:00) and total:

Date of activity:

Approval Signature:

Rabbi Haber:

Mrs. Ovadia:

Please make a copy of this form for your records and submit the original to Mrs. Ovadia (Fresh.) R. Haber (Soph. & Junior). Student must use the opposite side of this card to describe in a paragraph the activity and what he/she has learned from the experience.

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Authorization of Chesed Hours- FRESHMAN (PINK)

To be filled out BEFORE you volunteer

Name of Student:

Grade and Class:

Name of Organization:

Person in charge of activity:

Phone # of person in charge:

Email of person in charge:

Pre-Approval signature:

Rabbi Haber _____

Mrs. Ovadia _____

To be filled out AFTER you volunteer

Written description of activity by students:

Signature of person in charge:

Number of hours (From 00:00 – To 00:00) and total:

Date of activity: _____

Approval Signature:

Rabbi Haber: _____

Mrs. Ovadia: _____

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Authorization of Chesed Hours-FRESHMAN (PINK)

To be filled out BEFORE you volunteer

Name of Student:

Grade and Class:

Name of Organization:

Person in charge of activity:

Phone # of person in charge:

Email of person in charge:

Pre-Approval signature:

Rabbi Haber _____

Mrs. Ovadia _____

To be filled out AFTER you volunteer

Written description of activity by students:

Signature of person in charge:

Number of hours (From 00:00 – To 00:00) and total:

Date of activity: _____

Approval Signature:

Rabbi Haber: _____

Mrs. Ovadia: _____

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Authorization of Chesed Hours- JUNIOR (YELLOW)

To be filled out BEFORE you volunteer

Name of Student:

Grade and Class:

Name of Organization:

Person in charge of activity:

Phone # of person in charge:

Email of person in charge:

Pre-Approval signature:

Rabbi Haber

Mrs. Ovadia

To be filled out AFTER you volunteer

Written description of activity by students:

Signature of person in charge:

Number of hours (From 00:00 – To 00:00) and total:

Date of activity:

Approval Signature:

Rabbi Haber:

Mrs. Ovadia:

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Authorization of Chesed Hours-JUNIOR (YELLOW)

To be filled out BEFORE you volunteer

Name of Student:

Grade and Class:

Name of Organization:

Person in charge of activity:

Phone # of person in charge:

Email of person in charge:

Pre-Approval signature:

Rabbi Haber

Mrs. Ovadia

To be filled out AFTER you volunteer

Written description of activity by students:

Signature of person in charge:

Number of hours (From 00:00 – To 00:00) and total:

Date of activity:

Approval Signature:

Rabbi Haber:

Mrs. Ovadia:

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