

Return this form to:  
MLWGS, Philip B. Tharp  
1000 North Lombardy Street  
Richmond, VA  
23220

Year of Graduation \_\_\_\_\_

**Maggie L. Walker Governor's School for Government  
And International Studies  
Community Service Plan of Action**

Freshmen, sophomores and juniors who have not completed the required number of eligible community service hours for their year as stated in the guidelines are required to complete this form and submit it to the director or their designee **by the first Monday in May** for approval. **Failure to do so may result in the student being returned to their home school division.**

Student Name: \_\_\_\_\_  
Last, First, MI. Date

Home School Division: \_\_\_\_\_

Current Hours: Report Card  Other  \_\_\_\_\_

Verified by: \_\_\_\_\_ Eligible Hrs. Total Hrs. Hrs. Needed

**I, (Parent/Guardian Signature) \_\_\_\_\_ approve of this plan and agree to see that my child has transportation to the organizations listed below.**

List the name(s) of the non-profit organizations that you have contacted who have agreed to have you complete your community service hours with them.

Organization Name (1): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone Number

What service will you be providing this organization?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total number of hours expected to serve: \_\_\_\_\_ Date(s) of service: \_\_\_\_\_

**Site Supervisor Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Supervisor Telephone Number:** \_\_\_\_\_

Organization Name (2): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Telephone Number

What service will you be providing this organization?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total number of hours expected to serve: \_\_\_\_\_ Date(s) of service: \_\_\_\_\_

**Site Supervisor Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Supervisor Telephone Number:** \_\_\_\_\_

Organization Name (3): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Telephone Number

What service will you be providing this organization?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total number of hours expected to serve: \_\_\_\_\_ Dates of service: \_\_\_\_\_

**Site Supervisor Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Supervisor Telephone Number:** \_\_\_\_\_

**Plan Approved: Yes**  **No**  \_\_\_\_\_  
(Director or Designee) (Date)

**Plan Not Approved because:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_