



**Belleville Diocesan Catholic High Schools’
Senior Service Project**

AGENCY INTERVIEW FORM

(Please Print Clearly)

Senior Name: _____

Name of Agency: _____

Verify Agency Address: _____

Supervisor Name: _____

Supervisor Phone: _____ Email: _____

Description of Responsibilities: _____

Daily Start Time: _____ Daily Finish Time: _____

Any special hours/arrangements/etc. other than a 5 day work week, please explain: _____

Reasons influencing decision to request this particular project: _____

***By my signature, I agree to the principles of the Belleville Diocesan
“Senior Service Project” and confirm that the above student has my
approval to serve at the above stated service agency.***

Signature of Student

Signature of Agency Supervisor

Signature of Parent

Signature of Campus Minister

* (for office) date of visit to site: _____