

Community Service Bursary Student/Organization Service Agreement

STUDENT: (PLEASE PRINT)

I, Student Name, a student in grade _____ as of September 20____ at High School Name,

accept the terms and conditions of the Community Service Bursary Program. The Department of Innovation and Advanced Learning shall not be held liable for any accident or situation that might occur while I am a volunteer for the organization listed below.

Address _____ City _____ PC _____

Phone _____ E-Mail Address _____ Graduation Year _____

Student Signature _____ Date _____

ORGANIZATION: (PLEASE PRINT)

Organization Name, a non-profit organization, accepts the terms and conditions of the Community

Service Bursary Program in accepting Student Name, a student in grade _____ as of September 20____ at

High School Name, Department of Innovation and Advanced Learning shall not be held liable for

any accident or situation that might occur while the student is a volunteer for this organization.

Address _____ City _____ PC _____

Phone _____ Date _____

E-Mail _____

Signature of Signing Authority for Organization

Name (Please Print)

**Fax to 902-368-6144 OR mail to The Department of Innovation and Advanced Learning,
Community Service Bursary, PO Box 2000, 16 Fitzroy Street, Charlottetown, PE, C1A 7N8**

Personal information on this form is collected under subsection 32(2) of Prince Edward Island's Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988, c. F-15.01 and will be used for the purpose of Application for Community Service Bursary. If you have any questions about this collection of personal information, you may contact the Financial Grants Officer, Student Financial Services, PO Box 2000, 16 Fitzroy St, Charlottetown, PE C1A 7N8, 902-368-4640.