

St. John's College High School
2607 Military Road NW Washington, DC 20015
Christian Service Contact: Ms. Rachel Stott rstott@stjohnschs.org

Freshman Christian Service Agreement

Name: _____ Religion Teacher: _____

I, _____, with the permission and approval of _____, understand
Student's Name **Legal Parent(s)/Guardian(s)**
and agree to dedicate a minimum of 10 hours of direct, one-on-one, service working towards building a
unique relationship with an individual within my "family" circle. I, _____, realize that in
Student's Name
serving my "family" I am imitating St. John Baptist de La Salle who began his service within the family by
forming one true "family" in faith.

Student's Statement of Intent:

Name of mentor with whom you intend to seek a unique relationship: _____

Relationship to mentor: _____

Please describe the type of activities you have agreed upon to fulfill your service requirement: _____

Mentor's Statement of Intent:

I, _____, understand what is required of _____,
Mentor's Name **Student's Name**

to satisfy his/her service commitments. We have discussed how we will work to build a unique relationship
through the activities and opportunities stated above. I understand that in serving with _____,
Student's Name

I am assisting him/her in fulfilling an academic requirement and an assignment that will be graded; and
therefore should be taken seriously.

Student's Signature/Date

Parent/Guardian's Signature/Date

Mentor's Signature/Date