

**Hamilton-Wenham Regional High School
GCP Global Service Form**

Directions: Complete this form and submit to the GCP box in the main office. You must obtain approval PRIOR to beginning your service program.

Student name _____ **Date** _____

Student email _____

Name of organization/travel service program _____

Supervisor's name _____ **Phone** _____

Supervisor's email _____

Beginning and ending dates _____ **Total hours** _____

Project description:

Cultural and foreign language exposure:

Supervisor's signature
(upon completion of project): _____

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Program approved for GCP:

Yes _____

No _____

Date reviewed _____

GCP Review Committee

Member signature: _____