



GEM Global Service Form

Student name _____ Date _____

Student email _____

Current grade _____ YOG _____ Guidance counselor _____

Name of organization/travel service program _____

Supervisor's name _____ Phone _____

Supervisor's email _____

Beginning and ending dates _____ Total hours _____

Number of hours served _____

Project description:

Cultural and foreign language exposure:

Supervisor's signature (upon completion of project) _____

This proposal must be submitted to the GEM Review Committee for approval, prior to the start of the global service project.

Program approved for GEM: YES ___ NO ___ Date reviewed _____

GEM Review Committee Member signature _____

Please put this form in the GEM Review Committee mailbox in the Guidance Office.