

COMMUNITY SERVICE PROGRAM GUIDELINE

Revised May 21, 2008

From Section VI, High School Education, Course of Study

There are three parts of the Community Service Program. Any hour volunteered may count for any one or all three parts of the program. Service hours will be indicated on student's permanent record.

Seniors must complete an application before March 1st of their senior year.

Hours must be completed by April 15th of their senior year.

*** Special permission must be obtained from the Principal for graduates to complete hours after the April 15th deadline.**

1. THE FLORIDA BRIGHT FUTURES SCHOLARSHIP PROGRAM

The Florida Academic Scholar Award is the only scholarship under the Bright Future Program that requires 75 hours of community service.

Students wishing to meet the Florida Academic Scholar Award requirements must serve 75 hours of community service between grades 9th – 12th. They must complete the Community Service Plan that describes the social problem being served, the plan for personal involvement and a final evaluation of the volunteer experience.

2. HIGH SCHOOL CREDIT

High school students may receive one-half credit (for each 74 hours served) in a voluntary public service elective course (05003700) or in a voluntary school/community service course (21043300). A maximum of one credit can be earned.

3. AWARDS

Seniors will receive the highest award they earned.

	Type of Award	Service Commitment
Annual Awards	Certificate	10 – 49 hours served
	Certificate with embossed seal	Beyond 50 hours served
One Time Award	Silver Pin	100 hours served
Graduation Awards	Medallion and Silver Cord	Accumulation of 250 or more hours served during grades 9 th – 12 th
	Exceeding Expectations Medallion	Accumulation of 1000 or more hours served during grades 9 th – 12 th

Hours That Can Be Counted	United Way agencies, non-profit agencies, Special Olympics, school volunteer programs, Chamber of Commerce, political action, nursing homes, hospitals, museums, libraries, service club activities that provide benefit to the community.
Hours That Can Be Counted with Approval	Elderly and disabled persons, service that helps churches address social problems (F.S. 1009.534:1009.537), symphony and community theater.

**Word of Life Christian School
Community Service Program
STUDENT APPLICATION**

STUDENT INFORMATION

Last Name: _____ First Name: _____ Birthdate: _____

Expected Graduation Year: _____ Grade: _____

Phone: _____ Emergency Phone Number: _____

Usual Method of Transportation to Community Service Project: _____

PROPOSE(S): (check the program(s) to which you would like to have hours applied.)

_____ Florida Academic Scholar _____ Polk County Honor Graduate _____ High School Credit

PLAN: (List agency, supervisor, phone number and a brief summary of your plan.)

Agency/Project

Supervisor/Contact Person

Phone Number

On a separate sheet of paper, write a brief summary of your plan for the Community Service Program

STUDENT PLEDGE

I understand that it is my responsibility to submit ALL application documents (student, parents, agency and record of volunteer) PRIOR to beginning volunteer hours. I understand that all hours must be turned in by April 15th of my senior year.

I agree to fulfill the duties and time commitments as listed in the agency/project description including training sessions and to provide adequate notice if I am unable to meet my time commitment.

I also agree to adhere to the rules of the agency I will be volunteering for and abide by the procedures including any record keeping required and maintain the confidentiality of agency and client information. I understand that the code of conduct is in effect during Community Service Program time.

STUDENT SIGNATURE: _____ **DATE:** _____

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**PARENT APPROVAL
(TO BE COMPLETED BY PARENT OR GUARDIAN)**

I give my permission for _____ to serve as a volunteer in the Community Service Program.

I understand that he/she will be making a valuable and needed contribution to our community. I also understand that he/she will not receive monetary compensation for his/her services.

We have accident insurance with _____ (Name of Insurance Co.), which will cover my son/daughter in the event of an accidental injury while engaging in the activity. I will assume responsibility for payment of any injury my son/daughter might suffer while participating in the activity.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

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PRINCIPAL APPROVAL

I have read and agree to the Community Service Program plan for _____.

I also understand by the signatures above that both student and parent/guardian agree to the Community Service Program guidelines and will follow them.

PRINCIPAL SIGNATURE: _____ **DATE:** _____

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AGENCY/PROJECT APPLICATION

(Only hours completed at a non-profit agency or project for the elderly and disabled will be accepted.)

TO BE COMPLETED BY AGENCY/PROJECT VOLUNTEER COORDINATOR/DIRECTOR SUPERVISING THE PROJECT.

AGENCY/PROJECT INFORMATION

NAME OF AGENCY/PROJECT: _____

ADDRESS: _____

PHONE: _____ ALTERNATE PHONE: _____

CONTACT PERSON: _____ TITLE/POSITION: _____

(This should be the name of the person who can verify the volunteer's hour and the quality of the volunteer's work.)

VOLUNTEER INFORMATION (Maximum number of hours accepted per day is eight.)

STUDENT NAME: _____

EXPECTED GRADUATION YEAR: _____ BIRTHDATE: _____

DAYS SCHEDULED FOR VOLUNTEER: __MON __TUES __WED __THUR __FRI __SAT

HOURS SCHEDULED FOR VOLUNTEER: _____

BRIEF DESCRIPTION OF VOLUNTEER'S JOB

CONTACT PERSON SIGNATURE: _____ DATE: _____

VOLUNTEER SIGNATURE: _____ DATE: _____

PRINCIPAL SIGNATURE: _____ DATE: _____

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Record of Volunteer Service Hours

MAXIMUM NUMBER OF HOURS ACCEPTED PER DAY IS 8 (EIGHT)

IMPORTANT: PLEASE PRINT OR TYPE, except for boxes marked “signature”. This form is required of all future graduates. It ensures that a student receives proper credit for fulfilling his/her obligation to serve a minimum of 75 hours in the non-profit agency and/or project of their choice. Work must be performed during high school years (9th – 12th grade). It is the student’s responsibility to ensure that this form is completed and submitted to the Supervisor each nine weeks. Fill out one line of Section #2 per job performed. Use multiples sheets, if necessary. Please keep a photocopy for your records.

1. PERSONAL INFORMATION				
Last Name	First Name	M.I.	Date of Birth:	Expected Graduation Year:

Intended Purpose of Community Service Hours (check all that apply): Academic Scholar HS Credit Graduation Honors

2. COMMUNITY SERVICE RECORDS

DATE	ACTIVITY PERFORMED	TIME IN	TIME OUT	TOTAL HOURS	FACT PERSON’S SIGNATURE

TOTAL HOURS VOLUNTEERED: _____

VOLUNTEER SIGNATURE: _____

AGENCY/PROJECT COORDINATOR SIGNATURE: _____

SUPERVISOR SIGNATURE: _____