

**STRASBURG JUNIOR / SENIOR HIGH SCHOOL
CERTIFICATE OF SUPERVISION FOR COMMUNITY SERVICE**

Student's Name: _____ Student's Grade: _____

The student above has provided volunteer/community service for _____
(person / agency name)
 on _____ for _____ hours.
(date) (number)

Supervisor's signature *date* *phone*

Parent signature *date*

WHEN THIS FORM IS COMPLETED, IT IS THE STUDENT'S RESPONSIBILITY TO RETURN IT TO THE COUNSELING OFFICE.

To fulfill the community service requirement, each junior high student must complete 8 hours of service per year. Each high school student must complete 10 hours of service per year.

Guidelines for community service are listed below:

** What is acceptable **	** What is NOT acceptable **
<ol style="list-style-type: none"> 1. Voluntary service that benefits the community 2. Voluntary service in a non-profit organization ie..church, shelter, food bank, senior citizen facility, hospital zoo, rescue mission. 3. Voluntary service that benefits the school (done after school hours). 4. Voluntary service that benefits a community member that is outside your regular routine or obligations. 5. All aspects of the service must have approval of your parent/guardian. 6. To meet the requirements for each year, service may be completed any day from June 1 through the end of the school year. 	<ol style="list-style-type: none"> 1. Any work for your immediate family..(chores) 2. Any work that you would normally do for a friend/neighbor. 3. Work cannot take place during regular school hours. 4. Any work that is assigned for disciplinary reasons (such as detention or court-ordered). 5. Any service which is compensated by payment, academic credit or results in lettering at school. 6. Any service that completes a requirement for another organization (such as Boy/Girl Scouts or FFA) 7. Non-approval or absence of approval by parent/guardian.

If you are not certain if your service will be accepted, please ask for pre-approval from Mr. Rasp, Mr. Deffenbaugh, or the counselor before doing the work.

QUESTIONS ON BACK MUST BE COMPLETED - TURN OVER

Name of Organization I assisted at:

The community service consisted of the following duties:

Why did you choose this activity?

How did this service benefit the individual and community?

What did you learn and how did this experience make you feel?

PLEASE TURN IN AT THE COUNSELOR'S OFFICE WHEN COMPLETED!!!