

# Stayton High School

# Community and School Service Record

Student Name:

Grade: 9 10 11 12

Date of Volunteer Service: \_\_\_/\_\_\_/\_\_\_

Hours: \_\_\_\_\_ Minutes: \_\_\_\_\_

Where did you complete the volunteer service?:

What did you do?

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Verification Signature – Adult

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Relationship to Student

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Guide Group Teacher Name

Student Signature

Return to your guide group teacher when complete. A minimum of five hours each year is required.

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## **Community Service Agreement**

I realize that I represent Stayton High School while completing community service and that I must conduct myself in a professional manner and successfully complete the following:

- I will dress and conduct myself as the organization requires of other employees/volunteers at the worksite (ask for examples when you contact the organization).
- I will sign a confidentiality statement, if required.
- I will ask the supervisor to complete the community service form to submit as part of SHS Extended Application, a graduation requirement.
- I will write a thank-you letter to the adult who supervises my community service.
- I will not participate in any activity that might cause injury or harm to me or anyone else.
- I will inform my parents of my community service opportunity and be sure to have their consent.
- If I must be absent, I will contact the adult in charge of the community service ahead of time and reschedule.

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