

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 _____ (Name of Organization)

On _____ for _____ hours.

Date

Parents Signature

Date

Phone Number

OR

Supervisor's Signature (person whom you worked for) Date

Admin's pre-approval signature (if not on list) Date

WHEN THIS FORM IS COMPLETED, IT IS THE STUDENT'S RESPONSIBILITY TO RETURN IT TO MS. PERRINO.

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

Guidelines for community service are listed below:

** What is acceptable **	** What is NOT acceptable **
1. Voluntary service that benefits the community 2. Voluntary service in a non-profit organization i.e.. Church, shelter, food bank, senior citizen facility, hospital, rescue mission, school club, Rec Center, School Sport Manager, Concessions. 3. Voluntary service that benefits the school - done after school hours! Managing a sport, Concessions 4. Voluntary service that benefits a community member that is outside your regular routine or obligations. Excluding family members 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 that school year.	1. Any work for your IMMEDIATE family including chores/watching siblings/working for parents. 2. Any work that you would normally do for a friend/neighbor. 3. Work cannot take place during regular school hours, UNLESS preapproved. 4. Any work that is assigned for disciplinary reasons (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, Unless Approved by Administration). 7. Non-approval or absence of approval by parent/guardian. 8. Peer Councilor/Work for a Teacher during their Class time.

If you are not certain your service hours will be accepted, please ask for pre-approval from Mr. Andrews or Mrs. Dickens before doing the work.

QUESTIONS ON BACK MUST BE COMPLETED, WITH COMPLETE SENTENCES BEFORE TURNED IN.

Questions *must* be answered in complete sentences to receive credit for hours.

Name of Organization I assisted at:

The Community service consisted of the following duties:

Why did I choose this activity?

How did this service benefit the individual or community?

What did I learn and how did this experience make me feel about helping out with this organization?

Would I recommend this organization to other? Why or why not?
