Salinas Union High School District
Community Service Contract

Students must complete 40 community service hours in any combination of the three categories listed below. All community service hours must be unpaid and voluntary. Organizations/Activities listed on the Pre-Approved List (available at Career Centers and online) do not require prior approval. For Career Development or any organizations not on the pre-approved list, students must receive prior approval from the School's Community Service Coordinator in the Career Center. The contract must be signed by the student's parent/guardian and a representative from the organization. All community service hours must be submitted to the Career Center by the last day of school for the academic year they were completed. Summer hours must be submitted at the start of the following school year. Students are responsible for ensuring all documentation is complete and submitted on time.

Student Name _____ Student I.D. Number _____

School _____Year of Graduation _____

Name of Sponsoring Organization_____

Description of service _____

Date of proposed service_____ Number of proposed hours _____

Pre-Approved List of Organizations & Activities

Check ONE category of service:

☐ **Non-Profit** ☐ **Education Entity** ☐ ***Career Development*** ***(Needs Prior Approval)***

_____ _____ _____ _____

Student Signature **Date** **Parent Signature** **Date**

If Needed Prior Approval: _____ _____

Site Community Service Coordinator Signature Date

For use by the sponsoring organization after-service

Completion of Service

Please indicate the number of hours the student has worked with you and sign. **The person verifying these hours must be someone other than a relative of the student completing the community service.**

Number of Hours Worked _____

_____ _____

Organization Representative (please print) Signature

_____ _____ _____

Title Phone Number Date

FOR OFFICE USE ONLY: Verified: _____ **Posted:** _____

Rev. 1/16/2025

Salinas Union High School District
Community Service Contract

Student Name: _____ **Student ID:** _____ **School:** _____

Date	In	Out	Hours	Supervisor's Signature