CHURCHILL JR. HIGH SCHOOL



COMMUNITY SERVICE PROGRAM

REQUEST FOR APPROVAL/ PARENTAL PERMISSION FORM MUST BE SUBMITTED **BEFORE** ANY SERVICE BEGINS
AND THE PACKET MUST BE SUBMITTED BY
MAY 14, 2027

Churchill Junior High School

Achieving Excellence with Honor and Integrity

18 Norton Road
East Brunswick, New Jersey 08816
Phone (732) 613-6800 Fax (732) 257-0087

Principal
Matthew Hanas

Assistant Principals
Alexia DeLuca
Ian Evanovich
Jennifer Cunningham

Dear Parents and Students,

Churchill Jr. High School is joining East Brunswick High School in asking high school students to volunteer their time through community service. Upon completion, students who participated in this project will have their community service listed on their official transcript. It will be recorded every year that service is completed.

The number of hours required is 15. If a student completes **less** than 15 hours, it will **NOT** be listed on the transcript. The Community Service Project is open to all students in grades 9 - 12. Those students who are interested in volunteering their time are asked to complete a Community Service Packet. They may pick this packet up from the Counseling Department. It can also be found under the Community Service section on the Counseling page on the CJHS website.

The Request for Approval form must be signed by the student's counselor PRIOR to starting service.

The goals for the Community Service Project are:

- Develop a sense of citizenship
- Cultivate individual responsibility
- Cultivate a sense of social responsibility
- Build self-worth and self-esteem
- Bridge generation barriers
- Relate learning to life experience
- Encourage continuing community service after high school

The Greek writer, Aesop, once wrote,
"No act of kindness, no matter how small, is ever wasted."

Community Service Procedures

1. **It is the responsibility of the student to find a placement with a Community Service Organization.**
2. **Complete the "Request for Approval/ Parental Permission Form"**
3. Meet with your Guidance Counselor [by appointment]. You will receive notification as to time and place.
4. Return form to Miss. Lipariti.
5. **Request for approval is to be done prior to beginning every new service.** Although a meeting with the Guidance Counselor is only required before beginning your first service, a second or third meeting might be necessary prior to the beginning of any subsequent service.
6. **At the conclusion of your service, you will write a ONE-PAGE REFLECTION ESSAY to include in this packet.** The essay should describe the differences that community service has made in the student's life and the life of others. Only one essay should be submitted regardless of the number of service organizations used. (see https://www.ebnet.org/Page/11105 for more information).

7. **ALL forms must be completed by Friday, May 14, 2027**

Possible Placements

It is the responsibility of the student to find a placement

Teachers' Aides	Student Tutors
Coaching in parks & recreation program	Pre-school helpers
After school arts and crafts instructors	Ambulance Corps
Fire Department	Public Library
Hospital - candy striper, data entry	Red Cross
Nursing Home	Church and Synagogue Service
Senior citizen home volunteers	Handicap - Special Olympics
Community Centers	Scouts
American Cancer Society	School Beautification
American Heart Association	Humane Society
Big Brother/Big Sister	Blood Drives
Community Councils	Soup Kitchens
Recycling	Easter Seals
Food Banks	Habitat for Humanity
March of Dimes	Mothers Against Drunk Driving
Salvation Army	United Way

CHURCHILL JR. HIGH SCHOOL COMMUNITY SERVICE PROGRAM
Request for Approval/Parental Permission

Student's Name: _____ Date: _____

Student Number: _____ Grade: _____

Address: _____ Phone: _____

Description of Service: _____
_____

Organization/Agency: _____

Contact Person: _____ Phone: _____

Day[s] and hours of service: _____

Method of transportation: _____

My son/daughter has my permission to participate in the Community Service Program.

_____ _____
Signature of Parent or Guardian Date

This sheet ONLY must be handed in and approved BEFORE you begin
Retain Time Sheet and Evaluation Sheet for completion during and after service.

Community Service must be completed and all paperwork handed in to the Counseling Office/Guidance secretary by Friday, May 14, 2027.

Service Approved [ ] Service Not Approved [ ] Date: _____

_____
School Counselor Signature

CHURCHILL JR. HIGH SCHOOL COMMUNITY SERVICE PROGRAM
EVALUATION FORM

Student's Name: _____ Student #: _____

Date Service Began:_____ Date Service Ended:_____

Name of Placement:_____ Sponsor Name: _____

Place a check indicating the level of Performance for each trait.	**Outstanding**	**Satisfactory**	**Needs Improvement**	**Not Applicable**
1. Communicates effectively				
2. Follows directions accurately				
3. Uses time well				
4. Works to solve problems				
5. Is dependable				
6. Works in cooperation with others				
7. Shows energy and enthusiasm				
8 Can work independently				
9. Takes initiative for self-development				
10. Demonstrates that he/she is learning				
11. Uses good judgment				
Overall Evaluation				

Additional Comments:

Student Signature: _____Date: _____

Sponsor Signature: _____ Date: _____

This sheet must be completed and returned ALONG WITH YOUR ESSAY.

CHURCHILL JR. HIGH SCHOOL COMMUNITY SERVICE PROGRAM
TIME SHEET

Student Name:		Phone:	
Student ID #:		Placement Name:	
Date	Time	Activity (Short Description)	Hours
		Total Hours	

Student Signature: _____ Sponsor Signature: _____

This sheet must be completed and returned <u>ALONG WITH YOUR ESSAY.</u>