



## COMMUNITY SERVICE REGISTRATION

*"COMMUNITY SERVICE"*, is defined as altruistic tasks performed with the intent of enhancing the quality of life in the school or the community at large.

High school students may earn credit for graduation through APPROVED community service. Up to one (1) full credit may be earned,  $\frac{1}{2}$  credit at a time, for each 75 hours of pre-approved community service. Students may earn two one-half credits by completing 150 hours of service. Community service hours may only be applied to either coursework for credit or community service for Florida Bright Futures Scholars Awards, not both. A student who seeks one full credit for graduation and the community service for Florida Bright Futures, must complete 225 hours of approved community service activities. (ACPS policy 2575.01)

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

1. Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Signature \_\_\_\_\_

2. Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Signature \_\_\_\_\_

3. Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Signature \_\_\_\_\_

**I understand the requirements and guidelines of the Alachua County Public Schools Community Service Policy and I agree to follow them explicitly.**

Student Signature \_\_\_\_\_

**Permission to Participate:** I give my permission for my child to participate in the voluntary community or school service program. I have read and understand the guidelines of the ACPS Community Service policy (2575.01) and approve of the volunteer services my child will perform.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Guidance Counselor Signature \_\_\_\_\_ Date: \_\_\_\_\_

# Community Service Volunteer Service Record

Student Name: \_\_\_\_\_ Student Number \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Parent Name: \_\_\_\_\_ Telephone Number(s) \_\_\_\_\_

**I certify that I have completed the community service hours listed below.**

Student Signature: \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Date(s) of Service	Description of Service	Organization/Agency	Telephone No.	Hours	Contact Person/Signature