KINGSWOOD REGIONAL HIGH SCHOOL
COMMUNITY SERVICE PROPOSAL FORM

Student Name: _____YOG: _____

Total Anticipated Hours of Service Project: _____

Community Service is defined as identifying and addressing a social issue in the community. This requires students to look beyond themselves and reach out to an issue faced by our society today (i.e. poverty, elderly citizen, etc.)

Please answer the following questions about your proposed Community Service:

Name of organization where community service is to be performed_____

1. State the social issue _____

   _____

2. Reason for choosing this Community Service plan_____

   _____

3. Plan of action _____

   _____

Community Service must be for a non-profit organization

Examples of acceptable Community Service sites where volunteer work could be completed include but are not limited to:

The Humane Society, hospitals, blood drives, approved Recreation Programs, churches, Huggins Hospital Street Fair, KRHS Ski & Skate Sale, Polar Express, nursing homes, food banks, Meals on Wheels, public library, approved youth programs, etc.

Examples of unacceptable Community Service hours include:

Work for any family members or neighbors, hours completed for a class or club (no double dipping!), court mandated community service, or any paid work

Signatures of Approval

The signatures below indicate that all members involved in this community service project approve of the project as presented and agree with the material presented. The signatures also indicate a commitment on the part of the student and supervisor involved to implement, supervise and evaluate the service project. Hours may be denied if the service project participant does not meet the criteria presented or if the student's performance is determined to be unacceptable by those supervising the project. Signatures below are an indication that the student named above has successfully met these criteria and will complete all hours outlined.

Site Supervisor: _____Date: _____

Student: _____Date:_____

Parent/Guardian: _____Date:_____

Guidance Counselor: _____ Date:_____ *(Sign last)*

PLEASE RETURN THIS FORM - ATTACHED TO YOUR APPLICATION - TO THE GUIDANCE OFFICE

PROJECT APPROVAL: _____ APPROVED _____ DENIED _____ INITIAL _____ 2nd Form Sent

Notes:_____

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