ID#

Octagon Club

Yes

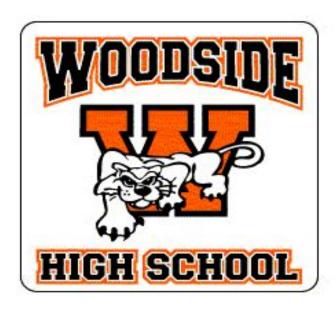
No

School Year: _____

Semester:

(circle one)

1st (Fall) 1st & 2nd 2nd (Spring) Summer



COMMUNITY SERVICE APPLICATION

199 Churchill Avenue, Woodside, CA 94062 www.woodsidehs.org (650) 367-9750 / (650) 367-7263 FAX

Office Use Only: Date Received:	
Received By:	
*Hours will start counting on this date	

Steps to complete this application:

Cover Page:

- 1. Fill out your name, grade, and Student ID#.
- 2. Identify if you are an Octagon Club member.
- 3. Fill out the year and semester for which you are applying.

Three Contracts:

- 4. Complete the Organization Approval Contract (page 1), Student Community Service Contract (page 2), and Parent Permission Contract (page 3).
- 5. All three contracts must be returned to Ms. Porter's office BEFORE YOU BEGIN YOUR COMMUNITY SERVICE HOURS.

Supervisor's Report (page 4) and Time Sheet (last page):

- 6. Turn in your time sheet and supervisor's report <u>prior to</u> <u>Finals Week</u> in order to receive community service credit each semester.
- 7. <u>ALL FORMS MUST BE TURNED IN TO</u> Ms. Porter's office in the administration building.
- 8. *OCTAGON CLUB MEMBERS Specific directions follow. However, if you have further questions, see the club advisor (Ms. Coughlin) in E-10.

Should you have any community service questions, please feel free to contact Ms. Porter's office for assistance.

*Octagon members only, follow these directions for Contracts 1, 2, and 3:

- -Write "Optimists International" as the organization and indicate "15+" hours of service.
- -Say "open" for days/times from the date you submitted your club application until the end of the school year if you plan to continue volunteering for club-sponsored events.
- -Save the time sheet stapled to the back of the packet to keep track of all of your own hours.
- -Turn in your completed packet to Ms. Coughlin to process and forward to Ms. Porter's office before you begin your service.

Organization Approval: Contract #1

Student: I,	_, agree to volunteer at	-	for_	hours.
Student name		Org	ganization name	Total # of hours
I will volunteer on/at		from	to	_•
	Days of week/times	Da	ite Date	
If I am unable to report to	my volunteer position	at the s	cheduled time,	I will call to
notify this organization. I	intend to volunteer to	the best	of my ability a	nd will be
open to critical evaluation	by my supervisor. I a	nticipate	ending this vo	lunteer
service project by	I understand that the o	rganizat	ion will verify	my hours.
Date				
Describe the volunteer to	tasks/ activities in de	etail:		
0				
0				
0				
0				
Organization Supervisor Nam	ne (print)		Organizatio	on Address
Organization Supervisor Signa	ature		Email addr	ess
Organization phone #				

Woodside High School Community Service Policy:

*Supervision

School staff shall review and verify attendance records of students at designated community service sites. Staff may also visit these sites to observe students and help them resolve service-related problems.

*Credits

Credit for community service shall be based upon the hours worked and verified by the organization. Students will receive **one credit for every 15 hours** of verified community service. A maximum of **10 elective credits** may be applied per year toward meeting graduation requirements.

*Student responsibilities

In case of illness and inability to work, the student shall inform in a timely manner the community organization.

*The community organization or school staff may terminate any student's volunteer placement if the student's conduct is unsatisfactory.

*Transportation to the community service site shall be the student's responsibility.



Student Agreement: Contract #2

CAN SCHOOL						
I,, commit to volunteer hours while participating in the school community service program. I understand and agree to the following requirements:						
I will meet all deadlines as required and arrange any changes with the program leader and/or community service coordinator.						
	I will notify the service organization of any absences and coordinate with the supervisor to make up the time missed as soon as possible.					
I will attend al program.	all scheduled conferences and me	eetings related to the service				
I am responsible for having all required forms, reports, and evaluations completed and submitted according to the deadlines.						
	that the community organizatio volunteer placement if my con					
I understand that I must complete a minimum of <u>15 hours</u> to receive ONE credit, the grade issued will be "CR" credit, and a maximum of 10 elective credits may be applied toward meeting graduation requirements (5 Credits Maximum Per Semester).						
the administra	that my community service time ration building (Ms. Porter's offici ive community service credit.					
	that failure to fulfill any or all on the servent	-				
Student Signa	ature Student Name (prin	t) ID# Date				
	E SHEETS ARE DUE <u>ONE WEE</u>	EK BEFORE FINALS EACH				
SEMESTE	ER					

Page 2



PARENT PERMISSION: CONTRACT #3

my student project	nas r	ny permissio	on to pa	irticipate in a volunteer service
Name of stude		to		. I understand that my student will be
through Woodside High Schoo	Date	to	Date	. I understand that my student win be
working at		rvision or w		knowledge of
Organization	amaior and suppl			Program leader
Neither the organization nor t accident or injury. Should it b				l responsible in the event of an nediately, you can reach me at
	or and	other family	membe	er at (name)
at ()				
Woods	side High Schoo	ol Commi	ınity S	Service Policy
them resolve service-rela *Credits Credit for community se organization. Students w A maximum of 10 elective requirements. *Student responsibilities In case of illness, the student responsibilities The community organization placement if the student'	Staff may also ated problems. The rvice shall be by all receive one are credits may be ation or schools conduct is unstantial and a schools.	visit these *Staff will ased upon credit for be applied m the com l staff may satisfactor	e sites in not not not not not not not not not no	to observe students and help
Parent Signature:		Print Naı	me:	
Date:				

Should you have any community service questions, please feel free to contact Wendy Porter at $367\text{-}9750 \ge 40033$



Supervisor's Report: After Service

<u>Please retain this report until the end of the volunteer service project.</u>

(Octagon members: Use the Octagon Outside Service Report form for projects you arrange individually. See Ms. Coughlin, E-10.) Date(s)_____ Organization_____ _____Number of Hours Completed _____ Name of Student What duties were assigned to the volunteer? What is the volunteer's "on time" pattern? To what extent does the volunteer come prepared for the work assignments? How well does the volunteer abide by organization rules and requirements? **GENERAL EVALUATION:** Please evaluate the student volunteer in the areas listed below, using the ratings on the left. Thank you! S= SUPERIOR ____ Ability to work with other volunteers ____ Ability to work with staff and supervisors AA= ABOVE AVERAGE Rapport with clients A= AVERAGE BA= BELOW AVERAGE Attendance Initiative and independence U= UNSURE Overall effectiveness Suggested areas for student improvement: Additional Comments & Suggestions: Supervisor's Signature:_____Print Name:_____ Date: