COMMUNITY SERVICE APPLICATION

199 Churchill Avenue, Woodside, CA 94062
www.woodsidehs.org
Phone: 650-367-9750
Fax: 650-367-7263

FOR OFFICE USE ONLY

Date Received: ____________________________

MUST SUBMIT CONTRACTS 1, 2, 3 BEFORE ANY SERVICE HOURS WILL BE COUNTED.
NECESSARY STEPS COMPLETE PACKET

Cover page:
1. Fill out your name, grade and Student ID#.
2. Fill out the year and semester you are applying for.

Three Contracts:
3. Complete Student Community Service Contract (page 1)
5. Organization Contract (page 3)
6. All three contracts must be returned to Ms. Erika Zelaya BEFORE YOU BEGIN YOUR COMMUNITY SERVICE. Service hours will start counting on the date the application is received.

Time Sheet:
7. Time sheet will be handed to you once packet and contracts has been submitted.

Supervisor Report:
8. In order to receive credit each semester you MUST turn in your timesheet and supervisor report
   ● December for fall semester
   ● May for spring semester
   ● FIRST WEEK of school for summer
9. FORMS MUST BE TURNED IN TO Ms. Erika Zelaya in the administration building.

Should you have any community service questions please feel free to contact Erika Zelaya at: (650) 367-9750 x40033 or ezelaya@seq.org

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Student Community Service
Contract #1

I,________________, commit to volunteer ____hours while participating in the school community service program. I understand and agree to the following requirements:

I am responsible for having all required forms, reports and evaluations completed and submitted according to the deadlines.

I understand that I must complete a new application each semester and that my hours will not roll over from one semester to the next.

I understand that I must complete a minimum of 15 hours to receive ONE credit, the grade issued will be “CR” credit and that a maximum of 10 elective credits may be applied toward meeting graduation requirements (5 Credits Maximum Per Semester).

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 all scheduled conferences and meetings related to the service program.

I understand that the community organization or school staff may terminate my volunteer placement if my conduct is unsatisfactory.

I understand that my community service timesheet must be turned in to the administration building (Ms. Erika Zelaya), during STUDY week and first week of school in order to receive community service credit.

I understand that failure to fulfill any or all of the above requirements will result in not receiving credit for the service project.

STUDENT SIGNATURE       STUDENT NAME       ID #
_________________        _______________       __________

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My student __________ has permission to volunteer in a project through Woodside High School from ______ to ______. I understand that my student will be working at _______________. Under the supervision of _________________. Neither the organization nor the school program leader will be held responsible in the event of an accident or injury. Should it be necessary to contact our family immediately, you can reach me at:

( ) __________________________ or another family member at (name) ___________________

At ( ) _______________________.

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 community service. A maximum of 10 elective credits may be applied per year toward meeting graduation requirements.

Student responsibilities
In case of illness, the student shall inform the community organization in a timely manner. 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.
I, ___________, agree to volunteer at __________ for ______ hours. I will volunteer from ______ to ______.

Such I intend to volunteer to the best of my ability and will be open to critical evaluation by my supervisor. I anticipate ending this volunteer service project by _________. I understand that the organization will verify my hours.

Describe your volunteer tasks/activities in detail:

• ___________________________________________

• ___________________________________________

• ___________________________________________

__________________________
Organization Supervisor Name (print)

__________________________
Organization Supervisor Signature

__________________________
Organization phone #

__________________________
Organization Address

__________________________
Email Address

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