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 prior to Finals Week in order to receive community service credit each semester.
7. ALL FORMS MUST BE TURNED IN TO 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.

I will volunteer on/at ___________________________ from ______ to ______.

If I am unable to report to my volunteer position at the scheduled time, I will call to notify this organization. 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 the volunteer tasks/activities in detail:

0

0

0

0

Organization Supervisor Name (print)

Organization Address

Organization Supervisor Signature

Email address

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.
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 all scheduled conferences and meetings related to the service program.

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

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

I understand that I must complete a minimum of 15 hours 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).

I understand that my community service timesheet must be turned in to the administration building (Ms. Porter’s office) prior to finals week 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 (print)  ID #  Date

**ALL TIME SHEETS ARE DUE ONE WEEK BEFORE FINALS EACH SEMESTER**
My student has my permission to participate in a volunteer service project through Woodside High School from Date to Date. I understand that my student will be working at ______________ under the supervision or with the knowledge of ______________.

Organization

Program leader

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. *Staff will not necessarily attend events.

*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.

Parent Signature: ____________________

Print Name: ____________________

Date: ____________________

Should you have any community service questions, please feel free to contact Wendy Porter at 367-9750 x 40033
Please retain this report until the end of the volunteer service project.  
(Octagon members: Use the Octagon Outside Service Report form for projects you arrange individually. See Ms. Coughlin, E-10.)

Date(s)_____________________
Organization_____________________
Name of Student _______________Number of Hours Completed _______

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
AA= ABOVE AVERAGE ____ Ability to work with staff and supervisors
A= AVERAGE     ____ Rapport with clients
BA= BELOW AVERAGE ______ Attendance
U= UNSURE      ____ Initiative and independence
____ Overall effectiveness

Suggested areas for student improvement: ________________________________________________

__________________________________________________________

Additional Comments & Suggestions: ________________________________________________

__________________________________________________________

Supervisor’s Signature:_______________________Print Name:_______________________
Date:_________