



HIGH SCHOOL COMMUNITY SERVICE FORM

To the student: A selected agency should be a non-profit organization which indicates a need for your services and for which no compensation is received by you. School policy does not permit parental supervision and/or authorization of community service hours. All service should be performed under the supervision of an adult and not during school hours. Babysitting, for example, is typically not performed under adult supervision nor for a non-profit organization, and therefore, will typically not qualify for community service hours. Hours served during any specific quarter must be submitted no later than one week before the end of that quarter. Community service hours turned in late will NOT be counted.

The basic concept is: Any work performed for a **non-profit organization** (i.e. church, school, homeless shelter, other community organization, etc.) by a student on his/her own hours and without compensation should qualify as community service. The student is responsible for at least 25 service hours annually. Please note that if a student chooses to serve more than 15 hours with any one organization over the course of a year, he/she must complete the BRCS Community Service Log in addition to this Community Service Form.

PART ONE: Parental Consent Form

To be completed by the parent/guardian BEFORE the service has been performed. NOT to be completed by the student.

RELEASE FROM LIABILITY:

I, the undersigned, hereby grant (student name) _____ permission to participate in Boca Raton Christian High School's Community Service Project. By my signature to this statement of permission, I release and hold harmless the above named school and individual sponsors, including teachers and administrators (including Headmaster, Principals, and Board of Directors) from all liability for mishap or injury to the student named herein from the time of departure in route to their place of service.

Signature of Parent/Guardian: _____ Date: _____

PART TWO: Non-Profit Organization Acknowledgement

To be completed by the non-profit organization AFTER the service has been completed. This section is NOT to be completed by the student or parent/guardian. Please print.

Student Name: _____ Student Grade: _____

Non-Profit Organization Name: _____

Non-Profit Organization Address: _____

Non-Profit Organization Telephone: _____

Contact Person (may NOT be student's parent): _____

Total Number of Hours Served by Student: _____

Date(s) of Student Service: _____

****PLEASE COMPLETE REVERSE SIDE****

Please classify the service performed by the student by checking all boxes that apply. If more than one are indicated, please specify time served in each category in the comment section below.

Health:

- Drug/Alcohol Prevention
- Teen Pregnancy Prevention
- Smoking Prevention
- Hospital/Clinic Support
- Public Health Activities
- Crisis Pregnancy
- Other: _____

Human Needs:

- Elderly Assistance
- Hunger/Homelessness
- Other: _____

Church:

- Worship
- Sunday School
- Other: _____

Education:

- Literacy
- Tutoring, Mentoring, Coaching, Homework Help
- Supporting Out of School Activities
- Big Brother/Big Sister
- ESL Tutoring
- Promoting Tolerance/Diversity
- Youth Serving Youth
- Other: _____

Environment:

- Community Improvement/Cleanup
- Community Gardens
- Parks and Trails

- Water Testing/Cleanup
- Endangered Species
- Lead Avoidance
- Other: _____

Public Safety:

- Homeland Security
- Disaster Relief
- Disaster Preparedness
- Violence Prevention
- Conflict Resolution/Mediation
- Community Policing
- Bicycle Safety
- Auto Safety
- Other: _____

Please use this space for any additional comments you wish to share:

Signature of Contact Person: _____ Date: _____
 (may NOT be the student's parent)

PART THREE: Parent Acknowledgement
 To be completed by the parent/guardian AFTER the service has been completed.

To the best of my knowledge, I believe the aforementioned student performed the above described work.

Signature of Parent/Guardian: _____ Date: _____

PART FOUR: Student Acknowledgement
 To be completed by the student AFTER the service has been completed.

The above information is true and accurate.

Signature of Student: _____ Date: _____

