

Community Service Program @ (check one) MHS CMS MVMS CC

Documentation of Community Service-Learning hours Brief description of service performed:	Print Student Name: _____	
	(Last)	(First)
	Student ID #: _____	
Circle year of expected high school graduation:		
<input type="checkbox"/> 2020 <input type="checkbox"/> 2021 <input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025		
Organization:	Date of service:	Hours completed (rounded):
		POSTED
NOTE: Breakdown of dates and times of continuous service must be attached.		
Your organization must be on the resource list, or have prior approval from the office.		
Organization's Address:	All forms due the last Friday of May	
Organization's Phone:		
Supervisor Signature:	Parent/guardian:	

REFLECTING UPON YOUR SERVICE will help you to (1) evaluate the results, (2) assess the meaning of your work and consider how to (3) develop innovative solutions to address important community needs.

Guidelines for APPROVED Community Service Hours (abbreviated version)

- Each graduating student must complete 40 hours of community service in order to graduate.
- Students must complete hours with a **non-profit organization**. The resource list will provide several approved organizations to choose from.
- A Form D (this form) must be completed for each separate service activity.
- Form D must be turned into the Counseling Office no later than 4 weeks prior to the end of school for that year.
- Other guidelines
 - Must be completed outside of school hours.
 - Cannot be done for a grade or part of a course requirement
 - Not completed for direct monetary benefit.
 - Not used to meet other service requirements. (i.e. Scouts, CSF, etc.)

- Services that will **NOT** be accepted for the graduation requirement
- Time spent working in a family business
 - Helping grandparents or relatives with chores
 - Completing an Eagle Scout Project
 - Attending club or extracurricular activities
 - Helping teachers grade papers, clean rooms, etc.
- Services that **WILL** be approved
- Organizations listed on the resource list, website or upcoming events flyer. Refer to counselor with other questions.

- Evaluate the results:** Do you feel that you have made a difference? What was the most challenging and rewarding aspect? What did you learn about yourself?
- Assess the meaning:** What knowledge and skills did you develop? Also examine the large picture and connect service to one or more of the ESLR's listed on this page.
- Develop innovative solutions:** What might you do differently next time? What needs to be done to improve our school, community, or environment?

(1) _____

(2) _____

(3) _____

Make a copy of the completed form for your records & return original to the School Office.

A
C
A
D
E
M
I
C
S

C
I
T
I
Z
E
N
S
H
I
P

C
A
R
E
E
R
S

P
E
R
S
O
N
A
L

D
E
V
E
L
O
P
M
E
N
T