

Please Note: This should be completed once each year.

**COMMUNITY SERVICE PROGRAM
STUDENT APPLICATION**

Student Name: _____ ID#: _____ Birthdate: _____

Class of: _____ Grade: _____

Phone: _____ Email _____

Usual Method of Transportation to Community Service Project: _____

PURPOSE(S): (check the program(s) to which you would like to have your hours applied.)

- Florida Academic Scholar (100) Florida Medallion Scholar (75) Florida Gold Seal Scholar (30)
 Polk County Honor Graduate High School Credit

PLAN: (List agency, supervisor and phone number.)

1. _____
2. _____
3. _____
4. _____

STUDENT PLEDGE

I understand that it is my responsibility to submit ALL application documents (student, parent, agency) PRIOR to beginning volunteer hours. Record of Volunteer Service Hours form must be turned in by April 15.

I agree to fulfill the duties and time commitments as listed in the agency job description including training sessions and to provide adequate notice if I am unable to meet my time commitment.

I also agree to adhere to the rules of the agency I will be volunteering for and abide by the procedures including any record keeping required and maintain the confidentiality of agency and client information. I understand that the code of conduct is in effect during Community Service Program time.

STUDENT SIGNATURE: _____ DATE: _____
.....

PARENT APPROVAL

(TO BE COMPLETED BY PARENT OR GUARDIAN)

I give my permission for _____ to serve as a volunteer in the Community Service Program.

I understand that he/she will be making a valuable and needed contribution to our community. I also understand that he/she will not receive monetary compensation for his/her services.

- We have accident insurance with _____ (Name of Insurance Co.) which will cover my son/daughter in the event of accidental injury while engaging in this activity. I will assume responsibility for the medical expenses for treatment of ~~payment~~ any injury my son/daughter might suffer while participating in this activity.
- I understand that inexpensive student accident insurance is available for purchase at any time during the school year and that I may download enrollment brochures and claim forms as well as review "Frequently Asked Questions" directly from the company's website at: www.floridaschoolinsurance.com

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Please Note: This should be filled out for each new organization you volunteer for.

Student # _____
Student Name _____

**POLK COUNTY PUBLIC SCHOOLS
COMMUNITY SERVICE PROGRAM**

AGENCY APPLICATION

Polk County Public School students may volunteer at non-profit and Government agencies.
Please provide 501c3 documentation and identify the person responsible for verifying hours

Name of Agency _____

Address: _____

Phone: _____

Contact Person: _____

Yes, we are: 501c3 attach Non Profit documentation
 Tax Exempt attach Tax Exemption certification
 Government Agency

Scheduled days and hours for student: _____

Brief description of service: _____

Contact Person Signature: _____ Title: _____

Print name: _____ Date: _____

Community Service at Church Guidelines

Approved

- **Activities that benefit the community at large**
 - Example:
 - ✓ neighborhood clean-up
 - ✓ food bank
 - ✓ community festivals
 - ✓ hurricane relief
 - ✓ building/repairing homes for the needy
 - ✓ after school tutoring
 - ✓ after school child care
 - ✓ toy drive
 - ✓ Christmas tree/turkey delivery to needy families
 - ✓ homeless ministries
 - ✓ nursing home ministries
 - ✓ singing Christmas carols in a nursing home or other community center
 - ✓ setting up/cleaning up for church activities
 - ✓ church planting or helping a new church with start-up
 - ✓ maintenance of the inside or outside of the church building
 - ✓ musical/dramatic performance practice
 - ✓ working in nursery during services
 - ✓ Vacation Bible School or similar summer camp

- **Mission Trips**
 - Maximum of 8 hours per day, unless **prior** approval granted by community service coordinator
 - Time must be omitted for down time such as meal time
 - Activities must be consistent with guidelines for all church community service



NOT Approved

- **Activities that are related to worship or evangelism**
 - Example:
 - ✗ activities directly related to worship service
 - ✗ door-to-door, phone call, or in-person witnessing
 - ✗ Sunday school or bible study
 - ✗ prayer or witness booths at festivals, store fronts, etc.
 - ✗ distributing faith-based literature or tracts