



**Seminole County Public Schools**  
***Student Community Service Program***  
**Student On-Campus Volunteer Application**

*This application must be approved in advance by the School Coordinator. Maximum of 25 hours of Community service can be earned through school-approved activity with school-approved group.*

**Part A** To be completed by the student volunteer. (Please type or print.)

**Name** \_\_\_\_\_ **Student Number** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade Level** \_\_\_\_\_

Student Pledge:

1. Provide quality school community service.
2. Demonstrate an interest in the experience and cooperate with all persons involved in training.
3. Adhere to all rules and regulations of the school and act in an ethical manner at all times.
4. Attend training as provided and/or required.
5. Inform the supervisor in the event of illness or emergency that prevents attendance.
6. Develop the knowledge and skills necessary to provide effective school community service.
7. Be punctual and in attendance at all specified activities.
8. Maintain an accurate Student Service Log.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Part B** To be completed by school sponsor or individual supervising the student volunteer. (Please type or print.)

**Name of School Club/Group** \_\_\_\_\_

**Days and hours scheduled for volunteer** \_\_\_\_\_

**Brief description of volunteer's job** \_\_\_\_\_

**Contact Person Name (Please type or print.)** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Contact Person Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Part C** To be completed by parent/guardian. (Please type or print.)

I give my permission for \_\_\_\_\_ to serve as a volunteer for the above school club/group. 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.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Part D** Project Approval – *Must be approved in advance.*

**Signature of School Coordinator** \_\_\_\_\_ **Date** \_\_\_\_\_