



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** _____