



STUDENT VOLUNTEER SERVICE APPLICATION AND APPROVAL FORM

Student

PART A

To be completed by student volunteer - PLEASE PRINT OR TYPE

Name: _____ Student Number: _____

Address: _____

Phone: _____ Emergency Phone: _____

Grade Level: _____ Social Security Number: _____

Usual Method of Transportation: _____

Student Pledge: *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 commitments. I also agree to adhere to the roles and procedures of the agency which I am volunteering.*

Student Signature: _____ Date: _____

Volunteer Agency

PART B

To be completed by agency volunteer coordinator/director or individual supervising the project - PLEASE PRINT OR TYPE

Name of Agency: _____

Address: _____

Phone: _____ Operating Hours: _____

Contact Person: _____

Title/position: _____

Days and hours scheduled for the student Volunteer: _____

Brief description of the job(s) to be performed by the student: _____

Certificate of Insurance on file: _____

Contact Person Signature: _____ Date: _____

Parent/Guardian

PART C

To be completed by parent/guardian - PLEASE PRINT OR TYPE

I give permission for _____ to serve as a volunteer for the agency/project indicated above on the stated days and for the stated hours.

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 company) which will cover my son/daughter/ward in the event injury of while engaging in this activity. I will assume responsibility for expenses incurred as the result of any injury my son/daughter might suffer while participating in this activity. If an change occurs in the policy, it is my responsibility to notify the school's principal or Student Volunteer Service Program coordinator.

Parent/Guardian Signature: _____ Date: _____

Guidance Office

PART D

To be completed by Student Volunteer Service Program Coordinator - PLEASE PRINT OR TYPE

For hours to be awarded in an attempt to earn a Silver Cord, the Commitment Service Application and Approval Form must be completed and submitted to the school's Student Volunteer Program Coordinator at least 10 school days prior to the starting date of the activity described in Part B.

Student Volunteer Service Program Coordinator Signature: _____

Date Received: _____ Date Approved: _____

SERVICE LEARNING RECORD-GRADUATION REQUIREMENT

Student Name: _____ Student Number: ^{Tier 1} * _____ Graduation Year: _____
 School Name: Coral Glades High School School Year: _____ Grade Level: _____

This form can only be used to document the 40-hour graduation requirement.

Please Note:

- Submitting this log sheet to the Service Learning Coordinator does not mean that the hours indicated on it will automatically be applied toward the graduation requirement. All volunteer hours are subject to verification.
- Students wishing to apply the hours indicated on this sheet to the Florida Academic Scholars Program (one of the Bright Futures scholarships) or Silver Cord should take note of the instructions on the back of this sheet.
- Please review all guidelines pertaining to the performance of community service hours and verify any in question with the program coordinator.
- It is the student's responsibility to submit verification of forty hours of service no less than 9 weeks prior to graduation.

Date	Organization	Activity or Task Performed	Total Hours Worked	Contact Person's Signature	Telephone #
TOTAL HOURS VOLUNTEERED					
(State in hours and minutes-not fractions)					

Students must retain a copy of this form for their records
 White-School Yellow-Student

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