

Gulf High School

Community Service Proposal Form and Log

Name: _____ Student #: _____ Grade level: _____

1. Through what agency do you intend to perform your community service hours?

2. Identify one or several social problems or concerns you wish to address through community service?

For example:

- *Serving my community in an area where I can assist children (or adults or the elderly)*
- *My plan is to help special needs students in the area of sports (or other extracurricular activity: dance, art, etc.)*
- *The environment is a special concern of mine*

3. What is your plan for addressing the problem(s) listed in question #2

Student Signature

Date

Keep copies of all documentation for your records.

I understand that this proposal to participate in community service is entirely voluntary on my part and that the completion of documented community service related to this proposal can be used to satisfy the community service requirement of the Florida Academic Scholarship, Florida Medallion Scholarship and Gold Seal Vocational Scholars Award. Selection of the organization, services performed, and documentation are the responsibility of the student. Signature of the Community Service Contact indicates that the student has presented an appropriate social issue for meeting the community service requirement of the Bright Futures Scholarship Program.

Do not write below line. To be completed by Career Specialist

_____ **APPROVED** (If approved, you may begin your community service. Do not forget to complete the community Service log on the back)

_____ **DENIED** (If denied, please submit a new proposal for a different community service. If you have questions, please come speak to the Career Specialist)

Career Specialist Signature

Date

LOG ON BACK →

Gulf High School Community Service Log

Name: _____ Student #: _____ Grade level: _____

The student must submit a proposal to the Community Service Contact at the school site before beginning any project. It is the responsibility of the student to keep the actual record of the hours of Community Service performed. Log record must be turned in to the Career Specialist.

Name of Organization: _____

CONTACT PERSON: _____ TELEPHONE: _____
(PLEASE PRINT)

DATE OF ACTIVITY	HOURS LOGGED	SIGNATURE OF CONTACT PERSON

TOTAL HOURS _____

REFLECTION:

I agree that I have performed the above hours.

Student Signature

Date

School Career Specialist

Date

NOTE: *Keep copies for your records of all documentation. Community service hours will reflect on high school transcript.*