



SEMINOLE COUNTY PUBLIC SCHOOLS, FLORIDA
SCPS COMMUNITY SERVICE STUDENT VOLUNTEER APPLICATION

Student Name _____ Grade _____ School Year _____

Date of Birth _____ Phone # _____ High School _____

Mailing Address _____

I agree to comply with the SCPS guidelines while completing community service:

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Name of Approved SCPS Community Services Site: _____

Mailing Address: _____

Phone: _____

Indicate the number of hours per week the student is scheduled to volunteer: _____ Days Scheduled: _____

Please describe the duties the student will perform: _____

Name of Contact Person agreeing to supervise student: (Please Print): _____

Signature of Contact Person: _____ Date: _____

Upon completion of 75 community service hours, you will receive .5 credit.

School Counselor Approval: _____ High School: _____ Date: _____

(Original copy of this form to be retained in Guidance Office)

Circle Award Level Hours completed : **FAS = 100 Hours** **FMS = 75 Hours** **GSV = 30 Hours**

Date Completed: _____ Counselor Signature: _____

Revised: July 20, 2011