



Polk County Public Schools Community Service Plan

Name _____ Date _____

Student ID Number _____ High School _____ Graduation Year _____

Name, location, phone number & description of organization where the hours will be performed:	Answer yes (Y) or no (N) to all of the following questions in the spaces provided:	Y/N										
_____ _____ _____	Will you be compensated either financially or with some other material benefit?											
	Is the activity court mandated community service?											
	Is the service for the sole benefit of a religious house of worship and/or its congregation?											
	Will you be fostering animals?											
	Is the activity required for one of your classes?											
What social issue(s) will your activity address? (circle all that apply): <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Abuse</td> <td style="width: 50%;">Health</td> </tr> <tr> <td>Animals</td> <td>Homelessness</td> </tr> <tr> <td>Education</td> <td>Hunger</td> </tr> <tr> <td>Elderly</td> <td>Poverty</td> </tr> <tr> <td>Environment</td> <td>Other: _____</td> </tr> </table>	Abuse	Health	Animals	Homelessness	Education	Hunger	Elderly	Poverty	Environment	Other: _____	Are you donating an item like blood, hair, or canned food?	
	Abuse	Health										
	Animals	Homelessness										
	Education	Hunger										
	Elderly	Poverty										
Environment	Other: _____											
Will the hours be submitted after your graduation?												
Will a leader or responsible adult (not parent/guardian) with the organization be on site to evaluate and confirm student performance? A parent/guardian cannot represent as a service agency												
Will the hours be performed overnight at a camp? A maximum of eight hours per day are allowed.												

Student & Parent Agreement

I understand that this plan is a *proposal* to participate in a community service activity. If *approved* by the High School Community Service Coordinator, I, the student, may start earning community service hours with the organization listed above. At the completion of the documented community service related to this plan these hours can be used to satisfy the community service requirement of the Florida Academic Scholarship, Florida Medallion Scholarship, Gold Seal Vocational Scholars Award, and Gold Seal CAPE Scholars. Selection of the organization, services performed, and documentation are the responsibility of the student. In response to the COVID-19 global pandemic, students are encouraged to follow the current CDC guidelines to ensure their safety <https://www.cdc.gov/>. Face-to-face community service projects are not encouraged, but will be permitted with written parental consent. Signature of the Community Service Contact indicates that the student has presented an appropriate social issue and the plan has been approved. **All community service hour documentation MUST be submitted by April 15th annually in order for students to be considered for end of year awards.**

Student Signature _____	Date _____
Parent Signature _____	Date _____
High School Community Service Contact Signature _____	Date _____