



Community Service Requirements For Bright Futures Scholarships

1. Students must complete service hours during high school and by high school graduation.
2. Service hours may include, but are not limited to:
 - work for a nonprofit community service organization
 - activities on behalf of a candidate for public office, or
 - business or governmental internship
3. Except for credit earned through service-learning courses, the student may not receive remuneration (pay or other incentives) or academic credit for the service work performed.
4. The hours must be documented in writing, and signed by:
 - the student
 - the student's parent or guardian, and
 - a representative of the organization
5. Each district school board and the administrators of a nonpublic school must establish approved activities and the process for documentation of service hours.
6. The student must:
 - identify a social or civic issue or professional area
 - develop a plan for personal involvement in addressing the issue or learning about the area, and have the plan approved by the principal or the principal's designee
 - through papers or other presentations, evaluate and reflect upon the experience



**GILCHRIST COUNTY SCHOOL DISTRICT
Community Service Log and Reflection Form**

Name: _____ Date of Birth: _____

High School: _____ Social/Civic Issue: _____

Date	Number of Hours Worked (8 hr max per day)	Task Performed	Agency/Organization	Signature of Supervisor

Total Hours: _____

Complete REFLECTION on back before turning in form

Student's Signature

Date

* _____
Parent/Guardian's Signature

* _____
Date

*I attest that the student named above has performed the community service activities listed on this form.

Signature below certifies that the student's log of hours and reflection paper have been received and approved.	
_____	_____
Signature of Principal or Designee	Date



**GILCHRIST COUNTY SCHOOL DISTRICT
Community Service Log and Reflection Form**

Reflect on your community service experience. Explain what you learned and how your personal involvement addressed a specific issue in the community.

Student Name: _____ Date: _____

Gilchrist County Schools Community Service Program
STUDENT COMMUNITY SERVICE PLAN

Student should:

1. Answer questions #1, #2, and #3 below.
2. Submit this form to your principal or guidance counselor for approval **BEFORE** beginning community service.

1. Identify a social issue that generates a need for community service:

- | | | |
|--|---|---|
| <input type="checkbox"/> Animal Welfare | <input type="checkbox"/> Community Engagement/Fundraising | <input type="checkbox"/> Poverty/Hunger/Homelessness |
| <input type="checkbox"/> Promote Healthy Lifestyle | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Safety/Protection |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Human Rights | <input type="checkbox"/> Mental/Physical Disabilities |
| <input type="checkbox"/> Education/Literacy | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Leading Activities for Community Youth |
| <input type="checkbox"/> Caring for Elderly | <input type="checkbox"/> Environmental Protection | <input type="checkbox"/> Other: _____ |

2. Agency or agencies where community service will be performed:

Name of Agency: _____

Name of Contact at Agency: _____ Phone # of Agency/Contact: _____

Name of Agency: _____

Name of Contact at Agency: _____ Phone # of Agency/Contact: _____

3. Type(s) of community service work to be performed:

Plan Approved? YES NO

Principal or Designee Signature

Date

Student Signature

Date