

# Ronald W. Reagan/Doral Senior High

## Community Service Project Report

Name \_\_\_\_\_ ID# \_\_\_\_\_  
Counselor \_\_\_\_\_

### FOR COUNSELOR USE ONLY

Total hours: \_\_\_\_\_

Date entered: \_\_\_\_\_

### For Filing

### Purposes:

Reg. \_\_\_\_\_

SPED \_\_\_\_\_

Gifted \_\_\_\_\_

ESOL \_\_\_\_\_

(include the Grade for  
ESOL students ONLY)

“Community Service” is giving back to society and helping others. You are not paid a salary for community service. It involves volunteering your time at one or more of the following:

Hospitals, libraries, Zoo Miami, senior citizen centers, nursing homes, orphanages or any other NON-PROFIT institution that can provide a 501-c3 document.

1. Complete the front and back of this page and make sure to sign it. Print clearly in ink or type.
2. Type your essay and make sure to include all parts of the required essay. The essay is only written the 1<sup>st</sup> time that you submit hours. The purpose of the essay is to identify an interest/theme that your hours will focus on that can then be used for college applications, scholarships and/or Silver Knights.

Required Essay: Summarize your community service in essay format. Address each of the following in your essay:

- a. Describe your Community Service project and the main activities of your project.
- b. Outline the steps you took to plan, implement and complete the project.
- c. Describe the impact you believe your project had on the community.

3. Attach the essay to this page and make a COPY of your completed packet for your records.
4. Obtain a letter(s) from the place(s) you did the community service. The letter must be written on the institution letterhead stating the dates worked, hours completed, the name of the supervisor and a contact telephone number and the supervisor's original signature in BLUE INK. Also, request a COPY of the Institution(s) 501-c3 Form and attach it to this form.
5. Please turn in all documents stapled in a packet to the following teacher or counselor:

| Grade            | Submit completed packet to the following Teacher and/or Counselor                                                                                                                                                                                                                                                                                                                             |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9 <sup>th</sup>  | Critical Thinking Teacher (January & April for a total of 20 hours)                                                                                                                                                                                                                                                                                                                           |
| 10 <sup>th</sup> | Personal Fitness Teacher (January & April for a total of 20 hours)                                                                                                                                                                                                                                                                                                                            |
| 11 <sup>th</sup> | U.S. History Teacher (January & April for a total of 20 hours)                                                                                                                                                                                                                                                                                                                                |
| 12 <sup>th</sup> | Student submits to their counselor directly any missing hours or additional hours that may be needed for Bright Futures/ AICE Cambridge program that require 100 hours. <u>Please remember that Senior Activities are tied to the Community Service Hours and these due dates will be determined at the beginning of the school year and shared during 12<sup>th</sup> grade orientation.</u> |

I have reviewed the Community Service Project Report and/or hours being submitted. My signature verifies that these hours are valid and my child volunteered the stated hours at the agency indicated. I understand community service hours are part of the graduation requirement and turning in false documentation is a violation of the Code of Student Conduct and will result in disciplinary action and/or may jeopardize my child's ability to graduate. I have kept a copy of my Community Service Project for my records.

Parent/Guardian Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Accepted by: \_\_\_\_\_

(Revised 4/2013)