



COMMUNITY SERVICE  
VERIFICATION FORM

ALL COMMUNITY SERVICE MUST BE UNPAID AND VOLUNTERR WORK

Student Name: \_\_\_\_\_

Student Grade: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_

**To be completed BEFORE the performance of the community service activity:**

**Parent Permission:** I, the parent of the above-named student, give my permission for my son/daughter to participate in the community service activity described below.

Parent Signature: \_\_\_\_\_

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

**Description of Community Service Activity:**

Name of the organization: \_\_\_\_\_

Description of Community Service Work: \_\_\_\_\_

\_\_\_\_\_

**Dates When the Above-Described Community Service Took Place and Validating Signatures:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ # of Hours: \_\_\_\_\_ and Position: \_\_\_\_\_ Supervisor's Signature \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ # of Hours: \_\_\_\_\_ and Position: \_\_\_\_\_ Supervisor's Signature \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ # of Hours: \_\_\_\_\_ and Position: \_\_\_\_\_ Supervisor's Signature \_\_\_\_\_ Phone Number: \_\_\_\_\_

**TOTAL # OF HOURS:** \_\_\_\_\_

**To be completed AFTER completion of the community service activity:**

**Parent Validation:** I, the parent of the above-named student certify that my son/daughter performed the described community service at the times listed above.

Parent Signature: \_\_\_\_\_

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

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

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

**NO** grades can be given for service

**NO** pay may be received for service

**NO** family members may be the recipients or supervisors of the service

**NO** credit for service will be given for work with a profit-making organization

**NO** credit will be given for service during a student's regular school hours

**NO** credit will be given for extracurricular activities or for student aide activities

**NO** credit for service will be recorded without a parent or guardian's signature for permission or approval

**NO** credit for service will be given for court-required or other punitive service



# St. Johns County School District

## Bright Futures Community Service Hours Guidelines

**Florida Statutes 1009.534, 1009.535, 1009.536**

*The student must identify a social or civic issue or a professional area that interests him or her, develop a plan for his or her personal involvement in addressing the issue or learning about the area, and, through papers or other presentations, evaluate and reflect upon his or her experience. Except for credit earned through service-learning courses adopted pursuant to s. 1003.497, the student may not receive remuneration or academic credit for volunteer service work performed. Such work may include, but is not limited to, a business or governmental internship, work for a nonprofit community service organization, or activities on behalf of a candidate for public office. The hours of volunteer service must be documented in writing, and the document must be signed by the student, the student's parent or guardian, and a representative of the organization for which the student performed the volunteer service work.*

In alignment with the guidelines above, St. Johns County School District provides clarifying examples in this document of types of service work that are and are not permitted. Each district reserves the right to determine what types of activities are acceptable ([Bright Futures Handbook, Ch.1, pg.4](#)) and may differ from surrounding districts. If the activity is determined ineligible for Bright Futures, the student can still add the service to their resume and note it for college admissions, scholarships, or professional skill building. **Bright Futures requires that hours must be submitted to the student's school counselor/designee no later than the student's high school graduation date. It is recommended the student submit their hours each year of high school or as they are completed.**

This table does not include all possible activities. The school principal is the final determiner of activity approval or denial if the service activity cannot be agreed upon at the school level.

Activities That Count	Activities That Do Not Count
Volunteering at a food pantry	Donating non-perishable foods
Activities on behalf of a candidate for public office, supervised by a non-relative with the campaign	Walking around in a neighborhood posting political signs <u>with a family member</u>
Teaching English skills to a foreign exchange student under the supervision of a non-relative, non-profit staff member	Hosting a foreign exchange student
Volunteering at an animal shelter under the supervision of a non-relative shelter staff member	Fostering an animal at home
Helping at a church carnival open to the public and free of charge, supervised by church staff	Helping at an event that is not fully open to the community, where people must pay to participate
Completing an internship at a non-profit organization	Doing non-paid work at a for-profit business
Required training prior to a service activity (ex: Training on building a well prior to a mission trip where that will be done.)	Claiming hours for an activity that is required for academic credit or licensure (ex: First Aid/CPR, school course, school drama production where course credit is earned)
Volunteering at a hospital or nursing home	Being paid to work at a hospital or nursing home

For home education students, submit hours to the district Home Education Liaison, Millie Sierra, at [mildred.sierra@stjohns.k12.fl.us](mailto:mildred.sierra@stjohns.k12.fl.us) during your last semester of completing your high school requirements.

#### Steps for Students to Complete Prior to Volunteering

- Determine an area/topic in the community where you would like to make an impact.
- Research the types of volunteer activities available in your community. The district community service website lists local opportunities and community service guidelines for St. Johns County School District: <https://www.stjohns.k12.fl.us/guidance/community-service/>
- Contact the organization you are interested in volunteering with and determine 1) the steps to become a volunteer, 2) if they have volunteer openings for the dates/activities you are interested in, 3) who the contact will be to verify your hours and participation in the activity. *Note: Supervisor must be non-family member with organization who directly supervises the student during the activity outside of the home.*
- If you have a question regarding whether the service activity is acceptable or not, reach out to your school counselor or school community service hours designee.

#### Steps for Students to Complete During Volunteering

- Keep track of hours, dates, & activities completed during service to verify with whoever supervises you during your community service.

#### Steps for Students to Complete After Volunteering

- Have the supervisor of your service provide a signed letter on the organization's letterhead describing the type of service performed, who in the community the service benefited, and a description of the service event.
- Make a copy of all completed forms for your records.
- **Student provides letterhead and reflection log (attached) to the school counselor or designee with all required signatures included.**

# St. Johns County Student Volunteer Service Plan

All lines on this form must be completed before the service plan is submitted for hours.

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Date(s) of Service Activity: \_\_\_\_\_

Social/Civic Issue/Professional Area Addressing with Service Activity:

\_\_\_\_\_

Service Organization: \_\_\_\_\_

Description of Volunteer Activity:

\_\_\_\_\_

## Reflection on Service Activity

Attach the organization's letter on letterhead to this page. Complete the reflection below and submit to your school counselor/designee by your graduation date. *Note: Ideally, students submit hours at least after each year in high school rather than saving them all until the end of high school.*

What impact did your service have on the social/civic issue/professional area that you identified?

\_\_\_\_\_

\_\_\_\_\_

Identify one way the service activity could have been improved.

\_\_\_\_\_

What was your favorite part of volunteering?

\_\_\_\_\_

Would you recommend this activity to other students? Circle One: Yes No

*I affirm that I have performed the service activity under the supervision of a non-relative, meeting all requirements outlined in St. Johns County Community Service Guidelines. I understand that if I am found to have given false testimony about these hours that the hours will be revoked and endanger my eligibility for the Bright Futures Scholarship.*

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