

COMMUNITY SERVICE PROGRAM

STUDENT APPLICATION

Student Name: _____ ID#: _____ Birthdate: _____

Class of: _____ Grade: _____

Phone: _____ Emergency Phone Number: _____

Usual Method of Transportation to Community Service Project: _____

PURPOSE(S): (check the program(s) to which you would like to have your hours applied.)

Florida Academic Scholar

Polk County Honor Graduate

High School Credit

PLAN: (List agency, supervisor and phone number.)

1. _____

2. _____

3. _____

4. _____

STUDENT PLEDGE

I understand that it is my responsibility to submit ALL application documents (student, parent, agency) PRIOR to beginning volunteer hours. Record of Volunteer Service Hours form must be turned in by April 15.

I agree to fulfill the duties and time commitments as listed in the agency job description including training sessions and to provide adequate notice if I am unable to meet my time commitment.

I also agree to adhere to the rules of the agency I will be volunteering for and abide by the procedures including any record keeping required and maintain the confidentiality of agency and client information. I understand that the code of conduct is in effect during Community Service Program time.

STUDENT SIGNATURE: _____ DATE: _____

PARENT APPROVAL

(TO BE COMPLETED BY PARENT OR GUARDIAN)

I give my permission for _____ to serve as a volunteer in the Community Service Program.

I understand that he/she will be making a valuable and needed contribution to our community. I also understand that he/she will not receive monetary compensation for his/her services.

We have accident insurance with _____ (Name of Insurance Co.) which will cover my son/daughter in the event of accidental injury while engaging in this activity. I will assume responsibility for the medical expenses for treatment of any injury my son/daughter might suffer while participating in this activity.

I understand that inexpensive student accident insurance is available for purchase at any time during the school year and that I may download enrollment brochures and claim forms as well as review "Frequently Asked Questions" directly from the company's website at: www.floridaschoolinsurance.com

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____