**South Lenoir High School Community Service Plan**

**DUE DATE: MAY 16TH**

**EARLY GRADUATE DUE DATE: NOVEMBER 30TH**

Each senior at South Lenoir High School is required to complete a minimum of 10 hours of community service beginning with the graduating class of 2017. This is a requirement for graduation. The community service requirement must be satisfied one month prior to the graduation ceremony.

**Definition of Community Service**

Community service is defined as an act or activity performed by an individual without compensation or required by the court system whose time and effort will benefit a person or group of people. The community activity must conform to the following guidelines:

* Student does not receive compensation for the activity. Examples include: court-ordered community service and activities where the student is paid for his/her service.
* The activity is not performed during scheduled school hours.
* The activity cannot be supervised by a parent or relative unless it receives

prior approval from the South Lenoir Community Service Committee. Neither parents nor relatives may sign your logged hours unless prior approval is given from the South Lenoir Community Service Committee.

* Activities promoting religious ceremonies/events will be considered, but must receive prior approval from the South Lenoir Community Service Committee. The activity must impact individuals beyond the religious community.
* The activity must not be part of an assignment in which the student will receive an academic credit.
* Political campaigning or work benefitting political organizations will not be accepted.
* Fund raising for various clubs, organizations, sporting teams will not be accepted.

**Process for Earning Community Service Hours**

**Students may NOT begin accruing hours until the first day of their senior year, unless otherwise approved by administration.** Hours can be earned by participation in a single activity or a combination of approved activities. These hours must be logged and approved by the supervisor. The logged hours may then be turned in to the Counseling Center secretary where they will be documented.

Please refer to the Community Service Form and Community Service Time Log for documenting your hours. Both of these sheets are to be turned in to the Counseling Center when you have completed your 10 hours. Your counselor must document your community service hours one month prior to the graduation ceremony. \***Early graduates must have their community service hours completed by NOVEMBER.\***

**South Lenoir High School**

**Community Service Form**

**Instructions: Complete all sections-print legibly**

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

Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yr. of Graduation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Hours:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Person Information:**

Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby verify the total hours listed above

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Approved/Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe in detail your community service:**

This portion must be one page minimum. It can be typed or handwritten.

What was your activity?

What location(s) did you use to complete your community service hours?

How did it benefit someone else or the community?

How did you experience personal growth from your community service?

**Include 3 photographs of you performing your community service.**

**Student’s verification signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**: \_\_\_\_\_\_**

**Parent Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: \_\_\_\_\_\_\_

If you have any questions, please send an email to [ctyndall@lenoir.k.12.nc.us](mailto:ctyndall@lenoir.k.12.nc.us)

**FOR OFFICE USE ONLY**

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

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Denied: \_\_\_\_\_\_\_\_\_\_\_ Questioned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SOUTH LENOIR HIGH SCHOOL**

**COMMUNITY SERVICE**

**PRE-APPROVAL FORM**

(To be submitted in advance by the student or organization **ONLY** if pertaining to a campaign or religious event)

**ORGANIZATION INFORMATION:**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WEBSITE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT’S INFORMATION**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DESCRIBE YOUR PROPOSED SERVICE PROJECT:**

**EXPLAIN HOW YOUR PROPOSAL MEETS THE COMMUNITY SERVICE GUIDELINES**

FOR OFFICE USE ONLY

DATE REVIEWED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Denied \_\_\_\_\_\_\_\_\_\_\_\_\_Questioned\_\_\_\_\_\_\_\_\_\_\_\_\_

**Community Service Time Log**

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| --- | --- | --- | --- |
| Date | ACTIVITY | TIME | SUPERVISOR |
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|  | TOTAL TIME |  |  |