**Community Service Project**

The objective of this project is to bring awareness to the needs of others. This project will give you an opportunity to work with community members who are in need of your skills and services or a personal growth project as an alternative.

**Grade Sheet**

On this project, you will be graded as follows:

1. Pre-approval paper \_\_\_\_\_\_/10 points Due February 13 (A)/14 (B)
2. Verification of progress form \_\_\_\_\_\_/20 points Due April 4 (A)/5 (B)
3. Verification of work completed form \_\_\_\_\_\_/30 points Due May 22 (A)/23 (B)
4. Project self-evaluation paper \_\_\_\_\_\_/40 points Due May 22 (A)/23 (B)

**Total score** \_\_\_\_\_\_**/100**

**\*\*\*\*\*\*KEEP THE ENTIRE PACKET STAPLED ALL THE TIME!\*\*\*\*\*\***

 For this project, you will donate **8** hours of your time to a community service agency (not-for-profit).

 You are expected to call, e-mail, or go in to a community service agency and **introduce** yourself as a freshman at Petaluma High School with 8 hours of community service to volunteer. **Ask** if the agency is interested. If the answer is “no,” politely thank the person for his time. Try another agency; there are plenty out there.

 If the answer is “yes,” **ask** for the person who would be in charge of volunteers and contact that person. You then need to work with this person to establish your work duties and times, discuss expectations, and get any training you need. Together you will fill out the pre-approval paper and get **the agency representative to sign it.**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**As an alternative to the Community Service Project,** you may consider the following option:

You may participate in a cessation program for alcohol, tobacco or other substances, an eating disorder program or other type of therapy. Attend 8 meetings that are one hour long or the equivalent. After completing the 8 hours, you will write an evaluation of your experience by answering the questions on the last page of this packet. The alternative project will need to be cleared by your Human Interaction teacher and your parent/guardian.

**Pre-Approval Paper**

Hand this form in to me no later than **February 13 (A)/14 (B), by the beginning of class** so that I may okay your choice. No credit will be given for work done without my okay.

**NO CREDIT WILL BE GIVEN IF YOU FAIL TO MEET DEADLINES.**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMMUNITY SERVICE AGREEMENT**

Please fill out the agreed-upon dates/hours and duties **prior to receiving approval to start volunteering. NO VOLUNTEER WORK DONE BEFORE TURNING IN THIS PAPER WILL COUNT FOR THIS ASSIGNMENT.**

**Dates and hours: Duties:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of Agency Agency’s Phone #**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agency Representative’s Signature Agency Representative’s Name (printed)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Name (printed) Parent’s Signature**

**Name:**

**Period:**

**Verification of Progress**

The student who is volunteeringfor you has been asked to volunteer for a minimum of 8 hours for his or her Human Interaction class at Petaluma High School. This form is to verify that hours are in the process of being completed. THIS FORM MAY NOT BE FILLED OUT UNTIL THE STUDENT HAS TURNED IN THE PRE-APPROVAL.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

To date, the above named student has completed \_\_\_\_\_\_\_\_\_ hours of volunteer service at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of organization/volunteering location).

1. Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

\*\*If you have not completed any hours at the time this is due, you need to have a parent sign and explain below why you have not started your hours. This **must** be turned in on the due date whether or not your have started your hours.

This section is for your parent or supervisor to fill out if you have **NOT** started any hours:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Name:**

**Period:**

**Verification of Work Completed**

(This form should be filled out when 8 hours have been completed.)

THIS FORM MAY NOT BE FILLED OUT UNTIL THE STUDENT HAS TURNED IN THE PRE-APPROVAL.

**\*\*\*To be filled out by your supervisor\*\*\***

Agency/Organization Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Supervisor Name & Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe the work this student did for your organization:

Please write an evaluation for this student and his/her efforts:

Total Hours Worked: \_\_\_\_\_\_\_\_\_\_\_

1. Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:**

**Period:**

**Community Service Project**

FINAL REPORT

**Answer the following sections in complete sentences. Complete this page if you did community service. No credit will be given for this portion of this assignment if the Verification of Completion form is not filled out.**

1. Duties and/or accomplishments during volunteering:
2. What did you see going on at your site? What did you learn about the agency and/or their efforts to assist the community? (Be sure to answer BOTH questions!)
3. How did your efforts assist the agency and therefore the community?
4. How I could use this knowledge in the future? What did you gain from this experience?

**Name:**

**Period:**

**Cessation Program**

FINAL REPORT

**Answer the following sections in complete sentences. Complete this page if you did the alternate assignment. No credit will be given for this portion of this assignment if the Verification of Completion form is not filled out.**

1. What I did:
2. What I observed/what I learned:
3. What my next steps are:
4. How I could use this experience/knowledge in the future: