

COMMUNITY SERVICE

DOS PUEBLOS HIGH SCHOOL
(805) 968-2541 Ext. 275

It is advisable that activities to fulfill the 60-hour community service graduation requirement be **pre-approved**. The Dos Pueblos Principal must be contacted for approval of activities not currently listed. The Community Service Coordinator, Mrs. Linda Perlin, may sign off for all currently listed activities. Forms and pre-approved site list are available in the Career Center.

60 HOURS REQUIRED FOR GRADUATION

Community service activities must meet the following guidelines:

1. It must be a safe activity directed to a non-profit organization.
2. It must be a service for which you are not paid or otherwise given credit.
3. The agency or organization may not profit monetarily from your service or charge a student participation fee.
4. This form is not to be confused with that of the National Honor Society. Students must request transfer of hours from this form to NHS before submission.

1. Complete this section first!!

PRINT Last Name	First Name	Grade	Student #	Home Phone#
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Name of agency to receive service: _____

Contact person: _____ Phone Number: _____

Brief description of service to be performed (complete time sheet on back): _____

PRE-APPROVED BY SCHOOL OFFICAL: _____

[CS Coordinator Mrs. Perlin or DP Administrator ONLY]

2. Complete this section upon completion of service.

The agency site supervisor must fill out the information below **after** the community service has been completed.

STUDENT (Name): _____ completed _____ total hours of community service that began on the following date: _____ (for 2+ days, USE TIMESHEET ON BACK →)
(Put starting date here and record hours on back)

Site Supervisor (please print)	Title	Phone #	Signature
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3. Submit completed form to CS Coordinator Mrs. Perlin in the Career Center

OFFICE USE ONLY: Service verified by: _____ Recorded: _____
CS Coordinator Date

VOLUNTEER HOURS – TIME LOG

Last Name _____ First Name _____ Start Date _____

Year _____ Total Hours _____ Non-Profit Agency _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JAN																															
FEB																															
MAR																															
APR																															
MAY																															
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AUG																															
SEP																															
OCT																															
NOV																															
DEC																															

Please record the total number of hours volunteered each day in the appropriate box.

Year _____ Total Hours _____ Non-Profit Agency _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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DEC																															

MAXIMUM EIGHT (8) HOURS PER DAY. NO HOURS GIVEN FOR REHEARSALS, TRAINING, OR DRIVING TO AND FROM EVENTS.