

## Community Service Plan

### Galion City Schools/Galion High School Community Service Project

\_\_\_\_\_  
Student Last Name First Name MI

\_\_\_\_\_  
Home Phone Number Cellular Number

\_\_\_\_\_  
Sponsoring Agency Address City

\_\_\_\_\_  
Date Service Begins On-site Contact Contact Phone Number

Galion City Schools and Galion High School will provide:

1. Guidelines and project proposal paperwork to assist the student in developing and completing recommended hours of community service.
2. Submit the codes needed on the transcript to indicate student's successful completion of hours when all paperwork is completed and returned to the guidance office.

Student will:

1. Develop a community service program that will require \_\_\_\_ hours of voluntary service.
2. Perform diligently to carry out the task set forth in the developed plan.
3. Take advantage of every opportunity to improve the program as it progresses.
4. Strive to present a positive self image in attitude, dress and actions.
5. Assume the responsibility of providing transportation to and from the site.
6. Record hours and have contact person sign and return completed forms to guidance.
7. Accept the conditions stated in this CPS packet.
8. Agree not to terminate or change volunteer locations without resubmitting a new plan and gaining approval from guidance.
9. Agree to read and adhere to the attached list of rules and regulations.
10. Agree to abide by the rules and regulations of the service agency.

Community Contact will:

1. Assist the student in scheduling hours.
2. Provide student with a completed Community Service Log (see next page) which the student is responsible for submitting to his/her guidance counselor.
3. Abide by the Child Labor Laws regarding hours and equipment.

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

Community Contact: \_\_\_\_\_  
Signature Date

Parent/Guardian: \_\_\_\_\_  
Signature Date

Guidance Counselor Approval: \_\_\_\_\_  
Signature Date

## Community Service Plan

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

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

I. IDENTIFY A SOCIAL PROBLEM – Indicated with an “X” the social problem you plan to address:

- \_\_\_ 1. The preservation of the environment and/or the protection of historical sites
- \_\_\_ 2. The promotion of the health, welfare and safety of the community
- \_\_\_ 3. The improvement of the standard of living for residents of our community
- \_\_\_ 4. The encouragement of the growth of the arts in our community
- \_\_\_ 5. The improvement/enrichment of the lives of disabled of our community
- \_\_\_ 6. The promotion of a quality life for the senior citizens of our community
- \_\_\_ 7. The provision of leadership, guidance, & activities for community youth
- \_\_\_ 8. High school course-based service learning activities hours
- \_\_\_ 9. Other: identify a social problem not covered above - \_\_\_\_\_

II. WRITTEN PLAN FOR PERSONAL INVOLVEMENT WITH THE ABOVE IDENTIFIED SOCIAL PROBLEM: (50 words or less)

III. MY EVALUATION AND REFLECTION OF THE EXPERIENCE: (100 words or less)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Community Service Plan  
Verification of Community Service**

**Student Name** \_\_\_\_\_ **School Name** \_\_\_\_\_

**Student Phone** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Graduation Date:** \_\_\_\_\_

<b>DATE OF SERVICE</b>	<b>TOTAL # HOURS</b> <small>Round to nearest ½ hr</small>	<b>SITE OF VOLUNTEER WORK</b>	<b>VERIFIER'S SIGNATURE</b>	<b>VERIFIER'S PHONE NUMBER</b>

**TOTAL HOURS** = \_\_\_\_\_ (as verified by site coordinator)

**Site Coordinator (signature required)** \_\_\_\_\_

**Student Signature** \_\_\_\_\_