

**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. _____
5. _____

STUDENT PLEDGE

I understand that it is my responsibility to submit ALL application documents (student, parent, agency) PRIOR to beginning volunteer hours. I understand that all hours must be turned in by April 15th of my senior year.

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 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 payment of any injury my son/daughter might suffer while participating in this activity.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____