**PAXON School for Advanced Studies**

**Community Service Pre-Approval Form**

**IMPORTANT NOTICES**

* As a requirement for Bright Futures Awards, students must earn a **minimum of 75 community service hours for the Medallion Award and 100 community service hours for the Academic Scholars Award**.
* To gain approval for community service, it is **HIGHLY RECOMMENDED** that each student **submit the Paxon SAS Community Service Approval Form to the school counselor/designee PRIOR to beginning** any community service activity.
* **Visit the “Community Service” page of the Paxon guidance website (paxonguidance.weebly.com)** for ideas and service opportunities.

* **Any community service that is completed without prior approval from your school counselor/designee is subject to not being approved as counting towards the community service requirement.**

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

Community Service Activity **(please write out the full name and do not list acronyms)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a DETAILED description of what you will be doing:

|  |
| --- |
|  |

Organization Sponsoring Community Service **(please write out the full name and do not list acronyms)**: \_\_\_\_\_\_\_\_\_\_\_

Contact Person for Activity: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Contact Phone Number:

***Place a ✓ next to all that apply:***

**I have identified a social problem. I will address**:

\_\_\_\_\_ A social issue of interest to me

\_\_\_\_\_ A special population

**My volunteer services will:**

\_\_\_\_\_ Prevent negative outcomes/support positive results

\_\_\_\_\_ Reduce existing problems

**My volunteer services will assist:**

\_\_\_\_\_ An individual

\_\_\_\_\_ A group

\_\_\_\_\_ The community at large

Student Signature: Date:

Parent Signature: Date:

Paxon Counselor/Designee Signature: \_\_\_\_\_ Date Returned to Student: \_\_\_\_\_\_\_\_

**PAXON School for Advanced Studies**

**Community Service Log**

It is **HIGHLY RECOMMENDED** that each student read the “Community Service” page of Paxon’s School Counseling department’s website (paxonguidance.weebly.com) **and** speak with a school counselor **before** beginning

**any** community service to ensure your hours will qualify.

**Printed** Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_ Student #: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date**  **(mm/dd/yyyy)** | **Place** | **Start**  **Time** | **End**  **Time** | **Duration**  **(hours)** | **Activity** | **Verified by** |
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(make copies of this sheet as necessary to fill in your dates/hours)

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

Parent Signature Student Signature

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

Printed Activity Supervisor’s Name Total Hours

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

Activity Supervisor Signature

**PAXON SCHOOL FOR ADVANCED STUDIES COUNSELOR’S USE ONLY:**

|  |  |  |
| --- | --- | --- |
| Activity: | Hours: | Counselor’s Initials:  Date: |

**PAXON School for Advanced Studies**

**Community Service Reflection Form**

**Printed** Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_ Student #: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Activity (Do Not Abbreviate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**During this service experience, I was able to** (select one or more)**…:**

\_\_\_\_\_Identify my strengths and developed areas for growth

\_\_\_\_\_Develop new skills

\_\_\_\_\_Initiate and plan something

\_\_\_\_\_Show commitment and perseverance

\_\_\_\_\_Working collaboratively

\_\_\_\_\_Engage with issues of global significance

\_\_\_\_\_Recognize and consider the ethics of choices and actions

**What did you learn about yourself during this service experience** (positive and/or negative)**?**

|  |
| --- |
|  |

**Which learner profile attribute(s)** (knowledgeable, principled, open-minded, reflective, balanced, inquirer, risk-taker, caring, thinker, communicator) **did you develop most during this service experience?**

|  |
| --- |
|  |

Student Signature: Date: