



COMMUNITY SERVICE REGISTRATION

“COMMUNITY SERVICE” is defined as altruistic tasks performed with the intent of enhancing the quality of life in the school or the community at large.

Student Name: _____ Date: _____

School Name: Gainesville High School Grade Level: _____

1. Name of Agency: _____

Address: _____

Phone Number: _____ Contact Person: _____

Signature: _____

2. Name of Agency: _____

Address: _____

Phone Number: _____ Contact Person: _____

Signature: _____

3. Name of Agency: _____

Address: _____

Phone Number: _____ Contact Person: _____

Signature: _____

I understand the requirements and guidelines of the Alachua County Public Schools Community Service Policy and I agree to follow them explicitly.

Student Signature: _____

Permission to Participate: I give my permission for my child to participate in the voluntary community or school service program. I have read and understand the guidelines of the ACPS Community Service policy (2575.01) and approve of the volunteer series my child will perform.

Parent Signature: _____ Date: _____

Guidance Counselor Signature: _____ Date: _____

GAINESVILLE HIGH SCHOOL

COMMUNITY AND SCHOOLS VOLUNTEER SERVICE RECORD

Student Name _____ Date _____ Grade _____

Date 12-13	Staff Supervisor	Type of Volunteer Work	Time Arrived	Time Left	Total Hours

Date of Completion _____ Total Hours Volunteered _____

Signature of Agency Contact _____
 Signature of School Counselor _____

FL Academic Scholar 100
 FL Medallion Scholar 75
 FL Gold Seal Scholar 30