



PHS COMMUNITY SERVICE PRE-APPROVAL FORM

Name: _____ YOG: _____ School Counselor: _____

Before starting any project or activity all community service must be approved by the PHS Counseling Department.

All community service activities must follow these guidelines:

- The community service must be for the benefit of the community, not for the benefit of a profit-making business.
- The community service cannot be performed for an immediate or extended family member, or neighbor.
- All community service must be performed without a material or monetary reward.
- Activities such as babysitting, pet sitting, shoveling, raking leaves, or housework to help a friend or neighbor are not considered community service.
- All community service must be performed outside of school hours.
- **Seniors: all community service hours must be submitted and logged by March 15th. Senior privileges are dependent, in part, on completion of community service hours.**

Please answer the following questions by sharing a typed document with your school counselor.

1. Describe your proposed community service activity or project.
2. What organization benefits from this service activity?
3. When do you plan to work on this activity?

Provide the following signatures:

Signature of Parent/Guardian

Date

Signature of Supervisor

Date

NOTE: You will not get credit for your activity until you have submitted all documentation and received approval from your school counselor.

For Office Use Only:

☐ **APPROVED**

☐ **NOT APPROVED**

Date: _____

Counselor Signature: _____



PHS COMMUNITY SERVICE COMPLETION FORM

Name: _____ YOG: _____ School Counselor: _____

Please provide the following information regarding your community service activity:

Organization Served: _____

Address: _____ Phone Number: _____

Dates and Hours of Service: _____

Total # of Hours: _____ If service is ongoing, attach a list of specific dates and hours.

Please provide the following signatures:

Signature of Parent/Guardian

Date

Signature of Supervisor

Date

Required Summary and Response

Minimum of two **TYPED** paragraphs about your experience, focusing on:

- What did you do during your volunteer hours?
- What did you learn from this experience?
- How did your contribution help the organization?

Within eight weeks of completing your community service activity, fill out and submit this form with your two typed paragraphs to the College and Career Counseling Department. Forms will not be accepted without your paragraphs. Forms submitted later than eight weeks will receive only half credit provided the forms are presented within the academic year in which they were performed.

Seniors: all community service hours must be submitted and logged by March 15th. Senior privileges are dependent, in part, on completion of community service hours.

For Office Use Only:

☐ **APPROVED**

☐ **NOT APPROVED**

Date: _____ # of Hours: _____

Counselor Signature: _____