

<u>Counselor Use Only:</u> Number of hours: _____ Computer Input: _____

Miami Southridge Senior High School

COMMUNITY SERVICE

PROJECT REPORT

Community Service is giving back to society. It is helping others. You are not PAID a salary for community service. It involves **Volunteering** a minimum of 8 (minimum 75 hours for Florida Bright Futures Scholarship) at one or more of the following:

Hospitals, libraries, Metro zoo, schools, religious centers, nursing homes, orphanages, government facilities, fire or police stations, and/or any other non-profit institutions as approved by your guidance counselor.

1. Complete front and back of this page and sign it. Print clearly in ink or type.
2. Complete all parts of the required essay as outlined below on your own paper.
3. Attach the essay to this page and **keep a copy for your records.**
4. Obtain a letter(s) from the places(s) you did your community service hours. Make sure it is on letterhead with the address and phone number. The letter MUST include the dates you worked and the TOTAL number of hours that you volunteered or complete the Activity Log Form.
5. Upon completion of your community service hours, schedule an appointment with your counselor to review and turn in your community service paperwork.

Project Completion Date _____ Grade _____

Student's Name _____ Student ID _____

Required Essay: Summarize your community service in essay form. Use grammatically correct sentences and check your spelling. Address each of the following in your essay:

- A. Describe your community service project and the main activities of your project.
- B. Outline the steps you took to plan, implement, and complete the project.
- C. Describe the impact you believe your project had on the community.

I have reviewed the Community Service Report and understand that a community service project is a part of the graduation requirement for Dade County Public Schools. I have kept a copy of my Community Service Project Report for my records.

Parent/Guardian's Signature _____

Student's Signature _____

Date _____

Accepted by:

Counselor's Signature

Date

(OVER)

