REQUEST TO VOLUNTEER
SUBMIT TO YOUR GUIDANCE OFFICE WHEN COMPLETE.
PLEASE KEEP A COPY FOR YOUR RECORDS.

***This form must be filled out, signed and returned to the Student Service Office BEFORE student participates in an agency that is non-profit but not listed on our list of agency/organization, along with the rubric***

Section A (to be completed by student and parent/guardian)

Student Name: ___________________________________________ ID: ____________ FHS / LHS

Email Address: __________________________________________ Grade: _____ Year of Graduation: ______

The Community Service/Service Learning Program provides the opportunity for high school students to provide service to the community. Each student is required to perform sixty (60) hours of unpaid, volunteer service with a non-profit organization. The Community Service/Service Learning Program will help students acquire skills and learn about the significance of providing service to their communities. Students will gain an understanding of the personal benefits to service. Through students’ participation in the program, they will be exposed to a variety of people and experiences that will prepare them for life and help them to pursue their career and college pathways. Please see BASD Board Policy 100.139 for further information.

Please note the following:

1. Students must volunteer with an organization designated as non-profit and/or 501(c)3.

2. Up to fifteen (15) hours may be credited for job shadowing, when location is pre-approved by a student’s teacher/counselor or in adherence to the career exploration course requirement.

3. Students may begin Community Service/Service Learning during the summer as they transition from 8th to 9th grade, provided that they have submitted a completed Parent Waiver Request to Volunteer Form to the district. The student is allowed to do a maximum of thirty (30) hours. These hours will be used towards the sixty (60) hour graduation requirement.

4. Students are encouraged to complete the community service requirement of sixty (60) hours during grades 9 through 11. This is a requirement for graduation. The community service requirement cannot be fulfilled during the school day (unless first approved by the Community Service/Service Learning Coordinator). It may be fulfilled after school hours, weekends, and summers.

5. The student will complete appropriate assignments and projects as designated by the community agency. Direction and clarification may be sought from the Community Service/Service Learning Coordinator.

6. The student will adhere to organization policies and procedures concerning hours, personal appearance, behavior, and office practices.

7. The student must submit a Request to Volunteer Form before volunteering with an agency when the agency does not appear on the district website, the student must complete section B of this form plus the rubric in order to receive credit. Only hours completed after the approval of such request will be credited to the student.

8. The student will complete the timesheet after each volunteer experience and return it to the counselor using the following due dates, based on the last date of service being submitted on the timesheet. Hours submitted after the submission deadline may not be accepted.

9. Any student found to be falsifying a form in any way (i.e. signature, additional hours, photocopy of legitimate form) is at risk to receive a 0 for all hours submitted on the forged document.

<table>
<thead>
<tr>
<th>Community Service Hours Completed</th>
<th>Submission Deadlines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over school break/summer vacation</td>
<td>Last Friday in October</td>
</tr>
<tr>
<td>During 1st Semester</td>
<td>Last Friday in January</td>
</tr>
<tr>
<td>By Underclassmen for end-of-year</td>
<td>Last Friday in May</td>
</tr>
<tr>
<td><strong>By Seniors for Graduation Requirement</strong></td>
<td><strong>SECOND Friday in April</strong></td>
</tr>
</tbody>
</table>
Hours will NOT be awarded for activities that displace paid employees, support for-profit business, or support agencies whose volunteer activities may support political organizations, religious instruction, or proselytizing. This means that hours will not be awarded for any form of participation in a worship service, including but not limited to participation in a church choir or worship service music ensemble, ushering for religious services, teaching religious education classes. Hours MAY be awarded for activities such as assisting in a religious-sponsored food pantry or helping to clean a place of worship. A complete listing of the Community Service Program Guidelines can be found on the BASD website at bit.ly/BASDCommServiceHome. If you are unsure if an activity will be awarded hours, please consult with the Community Service/Service Learning Coordinator before completing volunteer hours.

I, ______________________________, have read and agreed to the above and agree as follows:

- To submit all required BASD Community Service Program paperwork, including required parental/guardian waivers, prior to participating in the program.
- To record all hours accurately for each day and have the time sheet verified by the agency site supervisor.
- To reflect on my experience by completing the journal.
- To be punctual and reliable, to dress appropriately for the volunteer work, and to maintain a professional attitude at all times.
- To inform my guidance counselor of any work-site problems and community service issues.

__________________________________  Date: __________________________
Student Signature

I have had the opportunity to review the information above and/or have this information explained to me prior to signing below. I have been given the opportunity to ask questions and all of my questions have been answered. By signing below, I acknowledge that the Bethlehem Area School District does not confirm the accuracy of nonprofit agency information provided to me by the District, including but not limited to nonprofit status, maintenance of child abuse clearances and criminal background checks for employees and/or volunteers, insurance coverage, and/or whether alcoholic beverages are served at nonprofit events. I further acknowledge that the Bethlehem Area School District does not monitor, oversee, direct, or supervise the nonprofit agency at which my student volunteers. I further understand and acknowledge that my son/daughter may be volunteering with an agency involving events at which alcoholic beverages may be served. I hereby and forever release, waive, discharge, and covenant not to sue the Bethlehem Area School District, its representatives, officers, employees, agents, volunteers, contractors, and/or assigns from liability from any and all losses, liability, costs and expenses (including reasonable attorneys’ fees) arising directly or indirectly from my student’s participation in the BASD Community Service Program.

Parent/Guardian Signature: __________________________  Date: __________________________

Name: __________________________________________________________________________

Section B (section to be completed by Agency Personnel if Agency not listed on BASD website at bit.ly/BASDCommServiceHome)

AGENCY MUST COMPLETE ATTACHED RUBRIC

Name of Agency: __________________________  Phone No. __________________________
Address of Agency: __________________________  City: ________ State: ____ Zip: ______
Supervisor Name: __________________________  Title: __________________________
Email: __________________________
Check one: _____ 501(c)(3) _____ PA Non-Profit _____ School _____ Government Agency (Please provide documentation.

Description of student service opportunity: ____________________________________________
________________________________________________________________________________
________________________________________________________________________________
Description of population student will work with: _______________________________________
________________________________________________________________________________
Would you like to be added to our agency list on the BASD website?  _____ Yes  _____ No
I agree that all information on this sheet is accurate to the best of my knowledge and have reviewed the attached guidelines for appropriate student volunteer activities.
__________________________________  Date: __________________________
Agency Supervisor Signature

Please print agency supervisor name: __________________________

Please print agency supervisor name: __________________________