



## HIGH SCHOOL COMMUNITY SERVICE APPROVAL FORM

*Complete both sides of form and return to the Guidance Department for approval.  
All service hours must be approved by the guidance counselor prior to completion.*

***To be completed by student:***

Student name: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Anticipated graduation date: \_\_\_\_\_

Name of organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Purpose of the internship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you hope to accomplish through this experience? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of hours proposed: \_\_\_\_\_

Parent name: \_\_\_\_\_

Parent signature: \_\_\_\_\_

***To be completed by site supervisor:***

Name of the person supervising this student: \_\_\_\_\_

Title: \_\_\_\_\_ Phone number: \_\_\_\_\_

Does this person have the authority to give approval for the community service internship?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please forward this form to the person having the authority to provide approval.

Have you ever been arrested for, or are you currently under investigation for abuse, assault, or any crimes involving children? \_\_\_\_\_ Yes \_\_\_\_\_ No

I understand that by agreeing to supervise this student I am taking responsibility for them at the community service internship site(s). I will not knowingly place this student in harm's way or ask them to engage in acts that could be considered dangerous, unethical, or criminal. I verify that all community service hours reported to First Academy-Leesburg will actually have been completed at the time the First Academy-Leesburg High School Community Service Completion Form is submitted and that First Academy-Leesburg will be notified if, for any reason, it becomes necessary to release the student from their responsibilities at the site(s). I will submit the First Academy High School Community Service Completion Form (to be completed at the end of the internship experience) in a timely manner.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*For First Academy-Leesburg office use only:*

Internship experience is \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

Staff Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## HIGH SCHOOL COMMUNITY SERVICE COMPLETION FORM

The student who will be completing community service at your site is required to have this form filled out to receive credit for his/her experience. Please return to:

First Academy-Leesburg  
219 N. 13<sup>th</sup> Street  
Leesburg, FL 34748  
Or Fax to (352)323-1773

If you have questions or concerns regarding this form, please contact the Guidance Department at (352)787-7762. Thank you for assisting our student in this endeavor to serve their community.

*To be completed by student:*

Student name: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_

Please evaluate the student's performance, using the following key, while volunteering at your site. This information will be used to determine the student's strengths and areas for improvement for post-secondary success.

1=Almost never      2=Seldom      3=Often      4=Almost always      N/A=Not applicable

*Please circle the appropriate response:*

- |  |   |   |   |   |     |
|--|---|---|---|---|-----|
| 1. The student arrived on time and was ready to work.                              | 1 | 2 | 3 | 4 | N/A |
| 2. The student notified you if he/she was going to be late or absent.              | 1 | 2 | 3 | 4 | N/A |
| 3. The student presented him or herself in an appropriate manner.                  | 1 | 2 | 3 | 4 | N/A |
| 4. The student worked hard and stayed on task.                                     | 1 | 2 | 3 | 4 | N/A |
| 5. The student worked well with other staff members or volunteers.                 | 1 | 2 | 3 | 4 | N/A |
| 6. The student interacted well with population being served.                       | 1 | 2 | 3 | 4 | N/A |
| 7. The student communicated effectively with others.                               | 1 | 2 | 3 | 4 | N/A |
| 8. The student modified his/her quality of service according to feedback received. | 1 | 2 | 3 | 4 | N/A |

Name of Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I verify that the student referenced above completed \_\_\_\_\_ hours of community service at our organization.

Supervisor's name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

