

# Salinas Union High School District Community Service Contract

This form must be completed and submitted to the Work Experience Coordinator **at least one week before** the activity requested for prior approval. It must also be taken to the event so the representative of the sponsoring organization can verify participation. You are responsible for knowing the requirements. Please note that not more than 20 hours of the hours required may be school-related and that students must have at least 10 hours in two different categories. You will only receive a maximum of 10 hours in the career development category. Students must have 25 hours of community service documented with the school by March of their junior year to meet the SUHSD graduation requirement (Board Policy #6142.4). All community service hours must be submitted by the last day of school during the academic year in which they were completed. Hours completed during summer school should be submitted upon return to school in August.

Student Name \_\_\_\_\_ Student I.D. Number \_\_\_\_\_

School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Name of Sponsoring Organization \_\_\_\_\_

Description of service \_\_\_\_\_

Date of proposed service \_\_\_\_\_ Number of proposed hours \_\_\_\_\_

Check **ONE** category of service:  Non-Profit  Education Entity  Career Development

Other than as a graduation requirement, are you required to perform this service?  Yes  No  
Are you or your organization being paid?  Yes  No

\_\_\_\_\_  
Student Signature    Date    Parent Signatrure    Date

Prior Approval: \_\_\_\_\_  
SUHSD Work Experience Coordinator Signature    Date

*For use by the sponsoring organization after service*

### Completion of Service

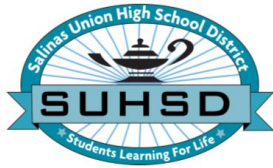
Please indicate the number of hours the student has worked with you and sign. **The person verifying these hours must not be a relative of the student completing the community service.**

Number of Hours Worked \_\_\_\_\_

\_\_\_\_\_  
Organization Representative (please print)    Signature

\_\_\_\_\_  
Title    Phone Number    Date

**FOR OFFICE USE ONLY:** Verified: \_\_\_\_\_ Posted: \_\_\_\_\_ Record Num. \_\_\_\_\_



# Salinas Union High School District Community Service Log

Date	In	Out	Hours	Category	Supervisor's Signature

Please write a few sentences explaining what you have learned or gained from completing these hours:

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