



- Dedicated life long learner
- Outstanding citizen
- Nurturing, healthy individual

# COMMUNITY SERVICE

Santa Barbara High School  
Community Service Program  
700 E. Anapamu  
Santa Barbara, CA. 931

## 60 Hours Needed

Community Service activities must meet the following guidelines:

- It must be something that benefits others;
- It must be something that you are not required to do by someone else;
- It must be an activity for which you are not paid or otherwise given credit;
- It must be for a government approved nonprofit organization;
- The individual or organization may not benefit monetarily from your service.

Community Service activities must be preapproved. Make contact with the agency or individual, fill out this form, and then get it approved in the Career Center.

### Do this part FIRST!

FIRST name (print)	LAST name (print)	Grade	Grad Year	Student #	Home Phone #

Name of nonprofit agency to receive service:

Contact person:

Phone:

Brief description of service to be performed. If it is a long term project, please fill in time-log on back.

Service will be performed (approximate dates): \_\_\_\_\_

Approximate number of hours of Community Service for this agency: \_\_\_\_\_

Service activity approved : \_\_\_\_\_  
Counselor or Career Center staff (signature required if organization is not on pre-approved list)

### Fill in the section below once service is completed then turn in to Career Center.

This section is to be completed by the individual or director of the nonprofit agency, etc. for whom the service was performed. Parents may not sign off for their children's hours.

Student completed \_\_\_\_\_ hours of community service on the following dates or during the following time period:

\_\_\_\_\_

Name	Title	Date

Signature \_\_\_\_\_

**IMPORTANT:** Community Service hours must be turned in within one year of completion of service. Hours turned in after a year may not be counted. *Students may not do more than 8 hours of service a day.*



# Community Service Timelog

This will help you keep track of your service hours. Mark how many hours you did on the dates. Have it signed when done.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Month Total		
January																																		
February																																		
March																																		
April																																		
May																																		
June																																		
July																																		
August																																		
September																																		
October																																		
November																																		
December																																		

NonProfit Organization: \_\_\_\_\_

Phone Number \_\_\_\_\_

Contact Name (for verification): \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

YOU MUST TURN IN THIS FORM WITHIN ONE YEAR OF COMPLETING YOUR SERVICE. 8 HOURS A DAY MAXIMUM