

St. Johns County Student Community Service Plan

All non-optional lines on this form must be completed before the service plan is submitted for hours.

Student Name: _____ Student Number: _____

Date(s) of Service Activity/Work: _____

Social/Civic Issue/Professional Area Addressing with Service Activity (Optional):

Service Organization/Business: _____

Description of Volunteer/Paid Work Activity:

Reflection on Service Activity/Work

Attach the organization's letter on letterhead to this page for volunteer hours or a copy of your pay stub for work hours. Complete the reflection below and submit to your school counselor/designee by your graduation date. *Note: Ideally, students submit hours at least after each year in high school rather than saving them all until the end of high school.*

What impact did your service have on the social/civic issue/professional area that you identified (Optional)?

Identify one way the service activity/paid work could have been improved.

What was your favorite part of volunteering/working?

Would you recommend this activity/job to other students? Circle One: Yes No

I affirm that I have performed the service activity/job, meeting all requirements outlined in St. Johns County Community Service Guidelines. I understand that if I am found to have given false testimony about these hours that the hours will be revoked and endanger my eligibility for the Bright Futures Scholarship.

Student Signature: _____ Parent/Guardian Signature: _____