

COMMUNITY SERVICE PLAN

1. Fill out your contact information below:

(First)	(M.I.)	Stud	ent I.D.	Number E	-mail Address		Date	e of Birth
Home Address			Zip Code Home Telephone Number			er	Sex: 🛛 F 🗖 M	
Name of High School Cell/Mobile Phone								
Name of Parent/Guardian Home Address Zip Code Daytime Phone Number						ne Number		
r of Hours to	Date: —		Number of Hours Needed:					
Sunday	Monday	Tue	sday	Wednesday	Thursday		Friday	Saturday
 4. I can complete hours per week for weeks to complete my requirement. 5. I am interested in working with (check all that apply): Adults Books/Reading Music Animals Children Seniors/Elders Art Computers Sports Babies Nature Other: 						ders		
 AIDS/HIV Services Advocacy and Awareness Animal Care/Animal Rescue Food-Clothing/Housing Assistance/Homeless Awareness Elder Care/Senior Citizens Environment/Habitat 			 Diversity Awareness Tutoring/Education Civic Engagement Safety Special Needs/Disabled Military Families Support (but not to include standard JROTC activities or enlistment) Government 		d		Neighborhood Enhancement Performance Art Health Services Youth Issues & Advocacy Other:	
	ss h School ent/Guardian F r of Hours to eer Availabilit Sunday emplete terested in wo lts mals ies rolunteer opp S/HIV Services ocacy and areness mal Care/Anima cue d-Clothing/Hou stance/Homele areness er Care/Senior zens ironment/Habi	ss ss h School ent/Guardian Home Address r of Hours to Date: er Availability Sunday Monday Sunday Monday Sunday Monday Monday sunday Monday Su	ss Zip C h School ent/Guardian Home Address r of Hours to Date: eer Availability Sunday Monday Tue omplete hours per week f terested in working with (check a alts mals ies ordunteer opportunities interest o S/HIV Services ocacy and areness mal Care/Animal cue d-Clothing/Housing stance/Homeless areness er Care/Senior ens ironment/Habitat	ss Zip Code h School Cell ent/Guardian Home Address r of Hours to Date: er Availability Sunday Monday Tuesday er Availability sunday Monday Tuesday pmpletehours per week for terested in working with (check all that lits Books/ mals Childre tits Books/ mals Childre S/HIV Services Diversi ocacy and Tutorir areness Civic Ei mal Care/Animal Safety cue Special Clothing/Housing Militar stance/Homeless areness Civic Ei mal Care/Senior Civic Ei mal Care/Senior Care/Senior Care/Senior Care/Senior Set Care/Senior Care/Senior Civic Ei mironment/Habitat Natura	ss Zip Code Home Terminal Cell/Mobile Phone Terminal Computers interest me (check all that apply): Its Books/Reading Children Computers Nature Computers Nature Protect of Computers Nature Computers Nature Computers C	ss Zip Code Home Telephone Number h School Cell/Mobile Phone ent/Guardian Home Address Zip Code r of Hours to Date: Number of Hours Need ser Availability Sunday Monday Tuesday Wednesday Thursday sunday Natural Resources Civic Engagement Softy sunday S	ss Zip Code Home Telephone Number h School Cell/Mobile Phone ent/Guardian Home Address Zip Code Dr. r of Hours to Date: Number of Hours Needed Sunday Monday Tuesday Wednesday Thursday sunday Monday Tuesday Wednesday Thursday eer Availability	Sex: Sec: Sec:



7.	Volunteer Sites –	Sign up or exp	ore at least two	or more of the site	s below:
			ore at reast the		

District Government—DC Government Service Opportunities – <u>http://serve.dc.gov/page/dc-govt-</u>
volunteer-opportunities

- □ Federal Government—Serve.gov <u>www.serve.gov</u>
- □ Non Profit—Hands On—Greater DC Cares—<u>http://www.greaterdccares.org</u>
- □ Natural Resources—Volunteer.gov—<u>www.volunteer.gov/gov</u>
- Other:_____

8. The following opportunities look interesting to me:

🖵 501 (c) (3)	Federal Agency	District Government	
a			
b			
C			

9. The opportunity I will follow up with will be: _____

10. Is an orientation required? yes on

a. If Yes: Where?______ When?______

11. Volunteer Schedule:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
8–11 a.m.							
Afternoon							
12–4 p.m.							
Evening							
5–8 p.m.							

12. First day of volunteering: ____

Date

Location

Student Signature

School Counselor/Mentor

Date Signed: _____

Date Approved: _____