

## SCHOOL DISTRICT OF LEON COUNTY

## Student Services

RECORD	OF COMMUNITY SERVICE HOURS
Student's Name:  High School:  Student Phone #:  Parent Name:  Parent Email:	Graduation Year:  Student Email:  Parent Phone #:
Students can log volunteer service hours earned prior to the student must be documented in writing, an representative of the organization  Volunteer service hours may include for a nonprofit community service Students may not receive remuner  Volunteer service hours may not b	de, but are not limited to, a business or governmental internship, work organization, or activities on behalf of a candidate for public office. Pation or academic credit for the volunteer service work performed.  The hours that benefited the student financially or materially, or be das: parents, grandparents, siblings, aunts, uncles, cousins, nieces, orementioned step relations.
Total Number of Volunteer Hours (from I verify that the hours listed on this log sl Student Signature:  Received By:	neet were volunteer hours
FOR OFFICE USE ONLY:	
	Hours Entered:  Total Hours in Genesis:
School Counselor Name	Date

## LCS Verification of Community Volunteer Hours Performed in Grades 9-12 For the Florida Bright Futures Scholarship Program

FSA – 100 hrs	<b>FMS</b> = <b>75</b> hrs	GSV = 30  hrs
TOA - IVV IIIS	TWIS - 75 III 5	

Date of Activity	Agency/Place of Activity	Duties Performed	# Hours Worked	Supervisor Signature
		TOTAL HOURS		
		101112 110 0110		
Superviso	or Name (printed)	Supervisor Email Address		Supervisor Phone #
Short Parag	raph on "What did you lear	n from your volunteering expe	riences?"	
			<del> </del>	