

## SCHOOL DISTRICT OF LEON COUNTY

## Student Services

| RECORD OF C   | 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 hour hours earned prior to the student's last must be documented in writing, and sign representative of the organization.  > Volunteer service hours may include, but for a nonprofit community service organ Students may not receive remuneration.  > Volunteer service hours may not be hour. | ·   |
| Total Number of Volunteer Hours (from page  I verify that the hours listed on this log sheet w  Student Signature:  | Parent Signature:                                 |
| Received By:  | Date:   |
| 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 | FMS = 75 hrs | GSV = 30  hrs |  |
|---------------|--------------|---------------|--|

| Date of<br>Activity | Agency/Place of Activity | <b>Duties Performed</b> | # Hours<br>Worked | Supervisor Signature |
|---------------------|--------------------------|-------------------------|-------------------|----------------------|
|                     |                          |                         |                   |                      |
|                     |                          |                         |                   |                      |
|                     |                          |                         |                   |                      |
|                     |                          |                         |                   |                      |
|                     |                          |                         |                   |                      |
|                     |                          |                         |                   |                      |
|                     |                          |                         |                   |                      |
|                     |                          |                         |                   |                      |
|                     |                          |                         |                   |                      |
|                     |                          |                         |                   |                      |
|                     |                          |                         |                   |                      |
|                     |                          |                         |                   |                      |
|                     |                          |                         |                   |                      |
|                     |                          |                         |                   |                      |
|                     |                          |                         |                   |                      |
|                     |                          |                         |                   |                      |
|                     |                          |                         |                   |                      |
|                     |                          |                         |                   |                      |
|                     |                          | TOTAL HOURS             |                   |                      |

**Supervisor Email Address** 

**Supervisor Phone #** 

Short Paragraph on "What did you learn from your volunteering experiences?"

**Supervisor Name (printed)**