

**ILWACO HIGH SCHOOL  
COMMUNITY SERVICE PROJECT APPLICATION**

*The Ocean Beach School District school board requires 20 hours of community service for graduation.*

**BEFORE YOU BEGIN:** Project planning requires students to complete the top part of this form and submit it for approval before beginning a service project. Students who render service without prior approval will not have an assurance of fulfilling this requirement. Requests for an exception are considered on an individual basis only when unique circumstances prohibit the student from having the opportunity to pre-plan.

|              |   |
|--------------|---|
| <b>Name:</b> | <b>Date &amp; Time of Proposed Service:</b> |
|--------------|---|

|                            |                                   |
|----------------------------|-----------------------------------|
| <b>Year of Graduation:</b> | <b>Estimated Number of Hours:</b> |
|----------------------------|-----------------------------------|

|  |                      |
|--|----------------------|
| <b>Agency/Organization/Person Benefiting from Service:</b> | <b>Phone Number:</b> |
|--|----------------------|

**Briefly explain the project you plan to undertake:**

**What community problem are you targeting? What community need will be met?**

|                              |                        |
|------------------------------|------------------------|
| <b>Signature of Student:</b> | <b>Date Submitted:</b> |
|------------------------------|------------------------|

**Parent/Guardian:** I give permission for my child to participate in the Community Service Project outlined above including independent travel outside the school building. My child has no health concerns that would prevent participation in this activity.

|  |              |
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| <b>Signature of Parent(s)/Guardian(s):</b> | <b>Date:</b> |
|--|--------------|

**PRIOR APPROVAL:** Submit this form with the top portion completed to your advisory teacher for pre-approval.

|                                      |  |
|--------------------------------------|--|
| <b>Action Taken on Project Plan:</b> | <input type="checkbox"/> APPROVED<br><input type="checkbox"/> DENIED<br><input type="checkbox"/> RESUBMIT (w/signatures) (w/clarification) |
|--------------------------------------|--|

|                              |              |
|------------------------------|--------------|
| <b>Signature of Advisor:</b> | <b>Date:</b> |
|------------------------------|--------------|

**AFTER COMPLETING THE PROJECT:** Project assessment first requires the student to obtain a signature and verification of final hours from the supervisor.

|   |              |
|---|--------------|
| <b>Signature of Project Supervisor:</b> | <b>Date:</b> |
|---|--------------|

|                                  |                      |
|----------------------------------|----------------------|
| <b>Comments from Supervisor:</b> | <b>Hours Served:</b> |
|----------------------------------|----------------------|

**Final Assessment:** Reflections on your experience will be helpful in completing your senior portfolio. It is recommended that you briefly reflect on your service experience on the back of this form. Responses might include the following three questions:

- 1) How did this project demonstrate a sense of caring for others?
- 2) What knowledge and skills did you apply while participating in this project?
- 3) What do you feel you personally gained from this project?

**SUBMIT YOUR COMPLETED FORM TO THE REGISTRAR IN THE OFFICE.**

**Processed by Registrar on (date)**