



Seminole County Public Schools, Florida
Student Community Service Program
Non-Profit Organization Application

Name of Organization: _____

Address: _____

Contact Person: _____ Phone _____ Fax _____

Is your Organization a Non-Profit (501C3)? [] Yes []

Describe in detail the volunteer activities for our students: _____

Would the student(s) be supervised? _____ By Whom? _____

What arrangements do you have in case the student is injured at your site?

High School _____ Counselor _____

The organization agrees to:

- 1. Assign the student to a volunteer schedule.
2. Provide training for the student to permit satisfactory service to be rendered.
3. Provide instruction in correct procedures and supervise the student's service.
4. Verify student service volunteer hours.
5. Evaluate the student's performance as needed.

The student agrees to:

- 1. Provide quality community service.
2. Demonstrate an interest in the experience and cooperate with all persons involved in training.
3. Adhere to all rules and regulations of the agency and act in an ethical manner at all times.
4. Attend training as provided and/or required.
5. Inform the organization in the event of illness or emergency that prevents attendance.
6. Develop the knowledge and skills necessary to provide effective service to the organization and their clients.
7. Be punctual and in attendance at all specified activities.
8. Maintain an accurate Student Volunteer Service Log.

Community service hours WILL NOT be accepted for any of the following circumstances:

- 1. Service for which a student receives compensation.
2. Court-directed community service.
3. Service that is a prerequisite for employment.
4. Fundraising for a school sponsored activity.
5. Attendance at religious services, retreats, mission trips, self-improvement courses, conferences or workshops.
6. Service to one's own family.
7. Unsupervised service.
8. Volunteering to promote a particular religious or political point of view or person.
9. Service completed outside Brevard, Orange, Osceola, Seminole or Volusia

Revised: 1-10-14

PLEASE ATTACH A COPY OF THE CERTIFICATE OF INSURANCE for \$1 Million or more of Liability Insurance. An organization cannot be approved for student volunteer service until a certificate of insurance is on file with Seminole County Public Schools.
Signed: _____ Title: _____ Date: _____
Please Return to: Christine Kirkreit
Exceptional Student Support Services
Seminole County Public Schools
Educational Support Center
400 East Lake Mary Boulevard
Sanford, FL 32773
Tele: 407-320- 0210 FAX: 407-320-0294