

**FY11 Proposal for Community Service**

Student Name \_\_\_\_\_

ID #: \_\_\_\_\_

**Proposal**

What will you do?	
Who specifically will it benefit & how?	
Total service hours planned	
Printed Name of Validating Adult (Must be non-parent)	

We have discussed this proposal for community service. When completed, the plan will provide at least 2.5 hours of charitable or non-profit service to others outside the home resulting in a tangible benefit to others. ***Community service must be completed outside of school hours.***

**Service done prior to 5/24/10 cannot be proposed or accepted using this form.**

\_\_\_\_\_  
***Student Signature***

\_\_\_\_\_  
***Parent Signature***

\_\_\_\_\_  
***Date***

Validated when complete -

\_\_\_\_\_  
***Signature of Validating Adult***

\_\_\_\_\_  
***Date***

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**\*\*COMPLETED SERVICE FORMS MUST BE TURNED IN TO MRS. MC MULLEN\*\***  
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\*\*If plan is not pre-approved, be aware you may not receive credit for service completed.\*\*

\_\_\_\_\_  
***Approving Signature***

\_\_\_\_\_  
***Date***