

LAKE ELSINORE UNIFIED SCHOOL DISTRICT

Community Service Agreement

Complete and return to school Guidance Office

____ Elsinore High School
____ Lakeside High School
____ Gordon Keifer Independent Study School
____ Keith McCarthy Academy

____ Ortega High School
____ Temescal High School

PART A - VOLUNTARY EXCURSION WAIVER

To be completed by Parent/Guardian

Complete only if additional service hours will be used for credit	
Initial verified	Credit verified/posted by
Basic 40-hrs complete	Date

_____ has my permission to participate in a Community Service Program which will occur during the course of the school year. Transportation for any Community Service will be provided by student and/or parent/guardian.

As stated in California Education Code 35330, I understand that I hold Lake Elsinore Unified School District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.

Signature of Parent or Guardian _____ Date _____

Address _____ Phone Number _____

PART B - COMMUNITY SERVICE STUDENT AGREEMENT

To be completed by the student and approved by their site designee **PRIOR** to rendering services. Complete a separate form for each agency and/or service event(s).

Student's Name: _____ Grade: _____ Student ID: _____

Name of Agency or Individual to receive service: _____

Service Address: _____

Phone Number: _____

Describe Activity: _____

Signature of Agency Officer or Individual: _____

Estimated date(s) of service: _____ Estimated time(s) of service: _____

Estimated number of hours of services: _____ Comments: _____

Date submitted for approval: _____

Site designee approval: _____ Date: _____

LAKE ELSINORE UNIFIED SCHOOL DISTRICT
Community Service Verification of Hours

PART C - INDIVIDUAL OR AGENCY VERIFICATION

This section must be completed by the Individual or Agency Officer where services are performed.

Student completed _____ hours of Community Service for _____
by performing these duties as recorded below:

Date	Task or Activity	Hours

This log shall serve as an official record of community service. There is no minimum time increment for submittal. A separate log must be kept for each agency and/or event approved for community service hours.

I (Agency and Student) agree that the description of duties and number of hours reported is true and accurate.

Print Name of Individual or Agency Officer Title

Signature of Individual or Agency Officer Phone Number

Print Student ID / Name of Student Signature of Student

Upon completion of hours and/or time at an agency or event, return this form with signatures of verification to the school Guidance Office.

White - School

Yellow - Student