

## A complete list of guidelines can be found at www.sjusd.org

Grade level:

XX

## SJUSD Community Service Time Sheet

Year student graduates:

202X

## Students are required to complete 40 hours of community service to graduate. The following guidelines apply:

1. Community Service is defined as volunteer service for an approved non-profit agency.

- 2.As a general rule, students should earn 10 hours of CS each year but schools are allowed to implement their own hourly programs such as Pioneer (30 hours sophomore year) and hold students accountable for hours to attend various activities. Hours can begin to be accumulated during the summer before their freshman year. It is wise to have your CS opportunity approved by the administration prior to volunteering to insure that the agency qualifies and to guarantee your hours will be accepted.
- 3. Please check with your school administrator regarding community service credit for religious community service.
- 4. Hours accrued through Camp Campbell or Walden West are limited to a maximum of 20 per camp session.
- 5. Approved service for nonprofit agencies completed during the weekends or vacation time will be limited to no more than 8 hours a day.
- 6. Service hours completed on school days will be given for service completed after the normal school hours; service hours cannot be given for club meetings.
- 7. Make sure that this form clearly states the non-profit agency, contact person, and phone number so that its non-profit status and your service hours can be verified. Incomplete forms will be rejected.
- (A complete list of guidelines can be found at www.sjusd.org or contact the A. P. or Director of Activities at your school. Keep a copy of this form for your records.)

Last Name:	×	(x × x ×	First Name:	xxxxx	
Student ID:	×	xxxx	School:	Leland High School	
Date	Hours	Non-Profit Agency Name	Agency Phone Number	Supervisor's Name- please print   Supervisor's Signature	
8 127 22	2	Leland Bridge Parents Group	408-535-6290		
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otal:	0	Student's Signature:		A.P. or Director of Activities Signature:	
P		Parent's Signature:		Date:	

Please note: Only original forms will be accepted-copies will be rejected. The back of this form must be completed by your supervisor or the form will be returned.

## San Jose Unified School District Community Service Learning Student Time Card

Student's Name:_	XXX	XXXX	
Student's ID:	XXXXX	(	
Year student gradu	uates:	202X	

Name of non-profit agency	Contact Person's Signature	Describe student's duties/responsibilities  Please describe what you do in the welcome party.
Name of non-profit agency	Contact Person's Signature	Describe student's duties/responsibilities
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