

## **Required Authorization for Student Participation On and Off Campus Community Service**

**Every Morse High Senior will be completing a minimum of 20 hours of community service as part of their Senior Portfolio Exhibition (SPE) requirement. This form must be signed off at the bottom and placed in the portfolio as part of their Community Service Evidence.**

My son/daughter, \_\_\_\_\_, has my permission to participate in both on and off-campus community service activities during the 2009-10 school year. All service activities will take place during non-school hours before the Portfolio Due Date, February 24<sup>th</sup>, 2010.

Of the 20 required Community Service hours, 10 of those hours must be spent volunteering at ONE of the non-profit agencies listed in the *Guide to Youth Volunteer Opportunities*, a 501(c) 3 nonprofit organization that engages volunteers in working hand-in-hand with nonprofit agencies. Supervision will be provided by the non-profit agency and a **SCHOOL EMPLOYEE WILL NOT** be accompanying the student on the volunteer activity. A complete list of approved agencies can be found in the *Guide to Youth Opportunities* at [www.volunteersandiego.org](http://www.volunteersandiego.org).

*\*\*\*If a student would like to perform service at a non-profit organization not listed in the Guide to Youth Volunteer Opportunities, they must get the service organization approved through Volunteer San Diego prior to starting their service. An approved tracking number for the agency can be obtained by calling 858-636-4131.*

### **Transportation Plan:**

Indicate below which method(s) of transportation the student will use. (check all that apply)

- personal car       bicycle       walking       bus/trolley

**I, the undersigned, authorize my son/daughter to participate in volunteer service activities during the 2009-2010 school year. I understand the details stated above and I have indicated the method(s) of transportation. I agree to notify the Morse High Senior Portfolio Exhibition Coordinator of any changes.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
PRINT Name of Parent/Guardian

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
PRINT Senior's Name

\_\_\_\_\_  
Signature of Senior Advisor

\_\_\_\_\_  
PRINT Senior Advisor's Name

Samuel F. B. Morse High School

**Required Agency Information for Student Participation  
10 Hours of Off-Campus Community Service**

Morse High School encourages all Tiger Seniors to accumulate 20 hours or more of Community Service during the scope of their Senior year. The following student has chosen to do 10 or more hours of Community Service through your organization. Please help us verify this student's volunteer hours for your agency. Thank you for your help.

**STUDENT INFORMATION:**

Student Name:	StudID:
Senior Advisor:	Advisor Signature:

**AGENCY INFORMATION:**

Name of Agency:	Agency Phone:
Address of Agency:	Agency ID#:
	Supervisor Name:
	Supervisor Signature:

**TO BE COMPLETED BY SENIOR:**

Brief Description of Agency:

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Brief Description of Duties:

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A Brief description of why Senior chose this Agency:

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Samuel F. B. Morse High School

**MULTI-SITE**  
**Community Service / Volunteer Verification Form**

**STUDENT INFORMATION:**

Student Name:	StudID:	Grade:
Home Address:	Home Phone:	
	Guardian Name:	

**HOURS, DUTIES and AGENCY INFORMATION:**

Agency/Club:	Supervisor Name:	Supervisor Ph #:
Job Duties:	Date:	# of Hours:
	Verified by:	

Agency/Club:	Supervisor Name:	Supervisor Ph #:
Job Duties:	Date:	# of Hours:
	Verified by:	

Agency/Club:	Supervisor Name:	Supervisor Ph #:
Job Duties:	Date:	# of Hours:
	Verified by:	

Agency/Club:	Supervisor Name:	Supervisor Ph #:
Job Duties:	Date:	# of Hours:
	Verified by:	

Agency/Club:	Supervisor Name:	Supervisor Ph #:
Job Duties:	Date:	# of Hours:
	Verified by:	

Agency/Club:	Supervisor Name:	Supervisor Ph #:	
Job Duties:	Date:	# of Hours:	
	Verified by:		

Agency/Club:	Supervisor Name:	Supervisor Ph #:	
Job Duties:	Date:	# of Hours:	
	Verified by:		

Agency/Club:	Supervisor Name:	Supervisor Ph #:	
Job Duties:	Date:	# of Hours:	
	Verified by:		

Agency/Club:	Supervisor Name:	Supervisor Ph #:	
Job Duties:	Date:	# of Hours:	
	Verified by:		

Agency/Club:	Supervisor Name:	Supervisor Ph #:	
Job Duties:	Date:	# of Hours:	
	Verified by:		

<b>TOTAL NUMBER OF HOURS:</b>	
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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DATE SUBMITTED:** \_\_\_\_\_

**Return this Form to the volunteer voucher mailbox located in the Main Office or bring to Room B-1.**

**CSSC Approval:** \_\_\_\_\_ **Login Date:** \_\_\_\_\_

Samuel F. B. Morse High School

**SINGLE SITE**  
**Community Service / Volunteer Verification Form**

**STUDENT INFORMATION:**

Student Name:	StudID:	Grade:
Home Address:	Home Phone:	
	Guardian Name:	

**AGENCY INFORMATION:**

Name of Agency:	Agency Phone:
Address of Agency:	Supervisor Name:
	Supervisor Title:

**HOURS AND DUTIES:**

	Date	Time In	Time Out	Job Duties	# Hrs
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

<b>TOTAL NUMBER OF HOURS:</b>	
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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DATE SUBMITTED:** \_\_\_\_\_

**Return this Form to the volunteer voucher mailbox located in the Main Office or bring to Room B-1.**

**CSSC Approval:** \_\_\_\_\_ **Login Date:** \_\_\_\_\_