Spirit of Midway Community Service Form

(use one form per community service activity - make copies of this form as needed)

This section to be completed by the student:

Name:_____ **Grade:** _____

Community Service Organization:_____

Date of Service: _____

Location of Service: _____

Describe your community service:
Be specific. Example: "I stocked canned goods at the Caritas food pantry" NOT simply, "Caritas"

_____

_____

How did your service benefit the community?

_____

_____

All service must be voluntary, without pay, personal gain or the repayment of debt. The program specifically excludes court ordered community service. In addition, service performed for your MHS student organization, team or club is also excluded. Community Service must be performed outside of school hours and cannot be part of a class requirement, for-profit business, place of employment or part of your MHS student organization, team, or club. In addition, students will not receive Spirit of Midway credit for hours working for a private individual. Hours worked at concession stands for an organization you are part of DO NOT count for this award. Please see page 1 of this packet for information on requirements. The Spirit of Midway committee reserves the right to disqualify any submitted hours that do not meet these stipulations or others stated in this application. Additional hours may be submitted with the application in the event that other submitted hours do not qualify. If there is any doubt as to the validity of the community service hours, students are encouraged to email spiritofmidway@gmail.com for approval. A response will be returned within 3 school days.

I have read & followed the community service stipulations given in the paragraph above.

Student Signature:_____

This section to be completed by Supervisor only:

Adult Supervisor Information

(Supervisor of charitable organization. Not parent/relative, teacher or club sponsor)

Name (printed):_____

Position:_____

Phone:_____ **Email:**_____

I certify that the hours and activities as stated were completed. My organization is a: (choose one)

____Nonprofit IRS 501(c)3 **____Government Entity** **____Religious Organization** Limit of 5 hrs per year **____School** (not club or activity) Limit of 5 hrs per year Includes PTA, School, or Education Foundation

Signature:_____ **Date:** _____ **Total Hours:**_____

Note: Supervisor signature may be waived only IF a letter (on letterhead) of documentation is submitted by the organization that documents volunteer activity.