Medical Academy for Science & Technology COMMUNITY SERVICE PROJECT REPORT

Activities Use Only:				
Total Hours:				
Input Date:				

Community service is an integral part of the education of our nation's youth. Through service to others, students improve their self-esteem, develop a sense of responsibility, and develop sensitivity to the needs of others and the community. Community Service is giving back to society.

Community service hours must be performed solely by the student and may be performed at any of the following: (1) a non-profit organization, (2) a government agency, (2) a school, (3) a hospital, (4) a retirement organization or home, or (5) for a disabled or elderly individual in need of assistance. See the activities director for additional organizations and agencies that typically welcome volunteers. Students may not receive community service hours for work on an individual's political campaign or for volunteering in a relative's business and may not receive any compensation such as money, gifts or other benefits for their service. The school must approve and verify that the student's community service complies with these requirements.

Required number of hours for **GRADUATION**: 150

1. Complete all pages of this project report. Print clearly in ink or type.

Activities Director Signature

- 2. Complete all parts of the required essay as outlined below.
- Attach typed essay to this Project Report Form and KEEP A COPY FOR YOUR RECORDS.
- 4. Obtain a letter(s) from the place(s)/organization(s) where you completed community service hours. All letters
- **5.** MUST be on letterhead and include the organizations address and phone number. The letter must include the dates you worked and the TOTAL number of hours that you volunteered..

Upon completion of 150 community service hours, submit them to the activities director, Mrs. Molina.

Subm	ission Date:	Class of:	Academy:			
Stude	ent Name:		ID:			
	IRED ESSAY : Summarize your community belling. All essays must be typed and attacksay:		,			
A. B. C. D.	Describe your community service project Describe the main activities you engaged Describe the impact you believe your pro Describe what you learned about yoursel	d in while volunteering pject had on the community	unteer with this organizat	ion		
ACKNOWLEDGEMENTS (Please check each box):						
	Parent / Guardian Signature	Student Sig	nature	Date		
ACCEP	TED BY:					

Date

Medical Academy for Science & Technology ACTIVITY LOG FORM

Activities Use Only:
Total Hours:
Input Date:

All students must use the Activity Log Form to record their community service activities. Use additional sheets if needed.

Student Name	ID #			
DATE (Month/Day/Year)	COMMUNITY SERVICE ACTIVITIES	HOURS COMPLETED		
TOTAL PROJECT HOUR	S: Activities Director Signature_	Activities Director Signature		
Student Signature	Parent/Guardian Signature	Parent/Guardian Signature		