

Orleans County Christian School Community Service Program

Community service is an important part of our philosophy of education. Deuteronomy 11:13 states, "So be faithful. Obey the commands the Lord your God is giving you today. Love Him. Serve Him with all your heart and with all your soul."

In being faithful and obedient, we must serve. Community service allows the student the opportunity to serve the Lord and others. It develops personal, social, and spiritual responsibility.

Community service helps prepare the student to become part of the community by developing awareness of community, relationships, and communication.

Community service will prepare students to be faithful, dependable servants to their Lord first, and their community second. Matthew 25:21

Requirements

- A total of 40 hours, to be completed during the four high school years is required with a minimum of 10 hours per year.
- All Community Service projects must be pre-approved by the school administration.
- Hours cannot be completed during school hours.
- Service work may be done during school breaks and summer vacation.
- Volunteer work for family members will not be counted toward completion of required hours since the goal is to encourage students to participate in the community.
- All students are expected to act responsibly when working on required hours. Time spent on hours should be considered like a job. Students need to keep commitments, show up when expected, be on time, and work to 100% of their ability.
- All hours must be verified to receive credit for their service.
- The school office will have a list of service opportunities available.

Orleans County Christian School Community Service Program

AGENCY EVALUATION

| | | | |
|----------------------|--|-----------------|--|
| STUDENT NAME: | | | |
| AGENCY: | | PHONE #: | |
| EVALUATOR: | | DATE: | |

| DEPENDABILITY | | | |
|--|---------------------------|----|--|
| | ACCEPTABLE (check one) | | |
| | YES | NO | |
| Responsibility | | | |
| Attendance | | | |
| Absence Notification | | | |
| Punctuality | | | |
| Task Follow Through | | | |
| Cooperation | | | |
| COMMUNICATION SKILLS | | | |
| | ACCEPTABLE (check one) | | |
| | YES | NO | |
| Respect | | | |
| Speaks Clearly | | | |
| Listens Carefully | | | |
| Follows Directions | | | |
| Asks Questions | | | |
| | | | |
| UNDERSTANDING/ KNOWLEDGE | | | |
| | ACCEPTABLE (check one) | | |
| | YES | NO | |
| Optimism/Attitude | | | |
| Enthusiasm | | | |
| Performs Tasks Willingly | | | |
| Understands Importance of Service | | | |
| Knowledge of Agency as a Community Resource | | | |
| | | | |

Students overall performance (circle one): EXCELLENT SATISFACTORY UNSATISFACTORY

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STUDENT SELF-EVALUATION

| | | | |
|------------------------|--|--------------|--|
| STUDENT NAME: | | | |
| AGENCY/PROJECT: | | DATE: | |

After completing your hours with one agency or on one project, please complete the following self-evaluation and return it to the school administrator with the Hours Verification Form and Agency Evaluation.

| | | | |
|---|----------------|--------------------|--------------|
| How did you contribute to the organization/service project? | | | |
| Describe any problems or difficulties you had completing the work and how you solved them. | | | |
| What was the significance of what you did? What went right? What needed to be improved? Why? | | | |
| While completing the service hours/project, how did you demonstrate the following: | | | |
| Respect | | | |
| Responsibility | | | |
| Optimism | | | |
| Rate your overall satisfaction with this volunteer experience/project (circle one) | Very Satisfied | Somewhat Satisfied | Dissatisfied |

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HOURS VERIFICATION FORM – OFFICIAL TIME RECORD

| | |
|----------------------|--|
| STUDENT NAME: | |
|----------------------|--|

Students: In the table below, enter the number of hours served each day. Upon completion, total the hours, have the supervisor sign and date the form, and return it to the school administrator with the agency and self-evaluation forms.

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total | |
|------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|--------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|--|
| Jan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | TOTAL HOURS | | | | | | | | | | | | | | | | |

| | | |
|-----------------------------|----------------|--------------------|
| Supervisor Signature | Phone # | Date Signed |
|-----------------------------|----------------|--------------------|