

# St. Johns County Student Volunteer Service Plan

All lines on this form must be completed before the service plan is submitted for hours.

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Date(s) of Service Activity: \_\_\_\_\_

Social/Civic Issue/Professional Area Addressing with Service Activity:

\_\_\_\_\_

Service Organization: \_\_\_\_\_

Description of Volunteer Activity:

\_\_\_\_\_

## Reflection on Service Activity

Attach the organization's letter on letterhead to this page. Complete the reflection below and submit to your school counselor/designee by your graduation date. *Note: Ideally, students submit hours at least after each year in high school rather than saving them all until the end of high school.*

What impact did your service have on the social/civic issue/professional area that you identified?

\_\_\_\_\_

Identify one way the service activity could have been improved.

\_\_\_\_\_

What was your favorite part of volunteering?

\_\_\_\_\_

Would you recommend this activity to other students? Circle One:  Yes  No

*I affirm that I have performed the service activity under the supervision of a non-relative, meeting all requirements outlined in St. Johns County Community Service Guidelines. I understand that if I am found to have given false testimony about these hours that the hours will be revoked and endanger my eligibility for the Bright Futures Scholarship.*

Student Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_