

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: _____