## St. Johns County Student Community Service Plan

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

Student Name:	Student Number:
Date(s) of Service Activity/Work:	
ocial/Civic Issue/Professional Area Addressing with Service Activity (Optional):	
Reflection on Service Activity/Work  tach the organization's letter on letterhead to this page for volunteer hours or a copy of your pay stub for work hours. Implete the reflection below and submit to your school counselor/designee by your graduation date. Note: Ideally, adents submit hours at least after each year in high school rather than saving them all until the end of high school. That impact did your service have on the social/civic issue/professional area that you identified (Optional)?  The entify one way the service activity/paid work could have been improved.  That was your favorite part of volunteering/working?  The professional area that you identified in St. Johns County Community that I have performed the service activity/job, meeting all requirements outlined in St. Johns County Community the professional area that I have performed the service activity/job, meeting all requirements outlined in St. Johns County Community the professional area that I have performed the service activity/job, meeting all requirements outlined in St. Johns County Community that I have performed the service activity/job, meeting all requirements outlined in St. Johns County Community that I have performed the service activity/job to develope the Bright Futures Scholarship.	
Description of Volunteer/Paid Work Activity:	
	Reflection on Service Activity/Work
Complete the reflection below a	d submit to your school counselor/designee by your graduation date. <i>Note: Ideally,</i>
What impact did your service ha	e on the social/civic issue/professional area that you identified (Optional)?
Identify one way the service acti	ity/paid work could have been improved.
What was your favorite part of v	lunteering/working?
Would you recommend this activ	ity/job to other students? Circle One: Yes No
Service Guidelines. I understand	hat if I am found to have given false testimony about these hours that the hours will be
Student Signature:	Parent/Guardian Signature