

Student name: _____

Advisory Teacher: _____

Community Service Expectations:

At Washington Middle School, we strive to be our B.E.S.T. selves by contributing our time and talents to help others. You are a member of many communities, including your school, neighborhood, city, state, country, and world. All of these communities could use support!

You are expected to complete **5 hours** of community service during each middle school year. Service does not have to be with a formal organization. It can be a project you create by yourself or with peers. There will even be opportunities to help WMS! All community service must be unpaid volunteer work.

Please fill out a **reflection form** for each different activity or project you complete. These forms will be kept in your Advisory portfolio.

Examples of Possible Community Service Activities:

- Assisting at Boys or Girls Clubs or the YMCA
- Tutoring or helping a teacher after school at a preschool or elementary school
- Helping at a hospital, convalescent home, or orphanage
- Coaching/assisting/ refereeing sports events for younger children
- Helping to organize a community event
- Helping the community through church-related activities
- Working with the Habitat for Humanity
- Volunteering in the Cafeteria for Recycle, Compost, Waste division (in-school)
- Taking the NAEP Assessment (in-school)
- Removing graffiti
- Working with community theater
- Helping at a non-profit organization
- Clearing trails in the Seattle Parks
- Helping to maintain a Seattle P-Patch
- Helping to cook, serve, set up/clean up, or organize collections at a food bank
- Any self-created project you can imagine to help others!

COMMUNITY SERVICE REFLECTION FORM

Complete this form AFTER you do your Community Service hours so if you do more than one project note them as A, B and C.

Name of Project	Date	Time (Start to Finish)	Number of hours

Total # of Hours: _____

1) Why did you choose to do this project(s)? What was the purpose of the project(s)?

2) What were your volunteer responsibilities (what did you actually do)?

3) How did you feel about your service and about yourself after helping out your community?

4) Would you select this project again, or recommend it to peers? Why or why not?

SIGN_OFFS

Student Signature: _____ **Date:** _____

I, the parent/guardian of the above-named student, certify that my son/daughter performed the described community service at the times listed.

Parent/Guardian Signature: _____ **Date:** _____

(If applicable) Supervisor's name: _____ **Contact phone/email:** _____