

Community Participation

Community Participation: Provide service to community and school through volunteering time for beneficial activities and projects.

Description: One of the requirements for graduation from Fertile-Beltrami High School will be to successfully complete sixteen (16) hours of service learning. These hours may be completed any time during the student's four-year high school experience. No more than four (4) hours may be obtained from one source, and no more than four (4) hours can be obtained via school related volunteering or activities.

It is suggested that students plan ahead and try to obtain four (4) hours each year, rather than wait to complete this requirement during their senior year. All students are encouraged to exceed these minimum requirements.

Forms will be used to document each "service" occurrence. These forms will be developed and available in Denise Ingberg's office. These forms will be the only documentation of "service" that will be accepted. All forms must be submitted prior to May 15th of the school year in which the "service" was provided. It is each student's responsibility to turn in the form to the Dean of Students. Hours will be documented and then placed in a cumulative file of Community Participation forms.

The following are the accepted areas where "community participation" can take place. Any student who would like consideration for another "service area" to be considered should make a formal written request to the High School Principal prior to service being rendered.

1. School Activity (successfully completing the activity).
2. City, County and State Government Service.
3. Church Service.
4. Hospital, Nursing Home, and Assisted Living Service.
5. Other School Service.
6. Civic Organization Service.
7. Other, need high school principal verification.

Fertile-Beltrami High School Community Participation Graduation Requirement

Student Name _____
(Please Print)

Name of School Activity or Community Agency _____

Print Name of Activity/Agency Personnel Contact _____

Agency Phone Number _____ Date of Service _____ Number of hours _____

By signing this form, you are verifying that the above information is true and correct.

Organization Representative Signature _____

Student Signature _____

Parent Signature _____

CP Signature _____

All forms must be submitted prior to May 15th of the school year in which the service was provided. Return completed forms to Denise Ingberg.