**Participation in Government**

**Community Service Requirements**

*(SAMPLE)*

New York State Education Department mandates that all high school seniors take a Participation in Government (P.I.G.) course in order to receive a high school diploma. Citizens participate in civic life through volunteerism. At --------------------------- High School, we require students to complete --------- hours of community service as part of the Participation in Government course.

As part of your final grade for P.I.G. you will be required to take part in 20, non-paid community service hours. The purpose of this **is to give back to the community**, find **unselfish** ways **to help others** and to find new interests for your future.

**Requirements: (SUGGESTED-Should be edited per teacher and school policy)**

* 20 hours total, 2 hours must be done at a government meeting
* 10 hours due at the **10 week grade mark**
  + Check points every 5 weeks
* These hours **must not be paid**
* Hours **can not count towards credit for another class**.
* No more than 10 hours in one area
* Hours will only count if the Community Service Form is signed

**Approved list Community Service Hours – MUST COME FROM HERE:**

* Voter Registration Drive
* Volunteer for Political Parties, Interest Groups or the League of Women Voters
* Enlisting in the Military-5 hours (must have official papers signed)
* Blood Drives-Red Cross-volunteering at the Blood Drive
* Giving Blood (counts as two hours-can only do once)
* Soup Kitchens/Church Dinners
* Big Brother/ Big Sister Program
* Boy Scouts/Girl Scouts or other similar service organizations
* Church Clean-ups
* Campus Clean-Ups
* Volunteering at a library
* Teaching Sunday School at Church
* Providing Child Care at Church or at community meetings like the PTA
* Park Clean-Ups-officially sponsored by an organization
* Adopt a Highway Program Clean ups
* Charity Run or Walks (diabetes, MS, MD, ect)
* Food banks-working in the orchard, or at food donation
* Benefits helping people in need
* Humane Society/Animal Shelters-walking, feeding or cleaning up after animals
* Peer Tutoring/Tutoring for younger grades-must be approved before
* Helping in the elementary schools-must be approved before
* Coaching or helping coach a youth team-during the semester
* Gift Drives, wrapping gifts, collecting gifts, distributing gifts
* Community Fundraisers
* Helping in a nursing home or senior living center
* Volunteering at a pre-school or daycare

**YOU MUST DO AT LEAST ONE OF THE FOLLOWING FOR TWO HOURS**

* School Board Meeting
* Town Meeting or City Council Meetings
* Political Party Meeting
* Interest Group Meetings

**The following DO NOT COUNT as community service hours:**

* Helping parents, siblings, grandparents or family friends babysit, do lawn work or general chores.
* Doing work at your job but not getting paid
* House, pet or babysitting

**Ground rules:**

* You represent your school district
* Call ahead to set up an appointment, keep all appointments
* You need to use appropriate language-NO SWEARING
* You need to dress appropriately for the activity
* Be **respectful** to the people you are working for and working with
* Be on time
* DO THE JOB YOU WERE ASSIGNED!

**--------------------------------- High School**

**Participation in Government Course - Community Service Requirement**

**Parent Information Form**

New York State Education Department mandates that all high school seniors take a Participation in Government (P.I.G.) course in order to receive a high school diploma. Citizens participate in civic life through volunteerism. At --------------------------- High School, we require students to complete --------- hours of community service as part of the Participation in Government course.

As part of your child’s grade for P.I.G. , he/she is required to take part in 20, non-paid community service hours. The purpose of this **is to give back to the community**, find **unselfish** ways **to help others** and to find new interests for their future.

**Requirements: (SUGGESTED-Should be edited as teacher and school policy)**

* 20 hours total, 2 hours must be done at a government meeting
* 10 hours due at the **10 week grade mark**
  + Check points every 5 weeks
* These hours **must not be paid**
* Hours **can not count towards credit for another class**.
* No more than 10 hours in one area
* Hours will only count if the Community Service Form is signed

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Period: \_\_\_\_\_\_\_\_

I understand that my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ needs to complete 20 unpaid hours of community service by the end of the semester in order to take the final exam.

Name of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_

**Participation in Government**

**Community Service Project Proposal**

\*\* ***Due \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***\*\*

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Proposal** |
| I plan to complete my community service at:  The address of the organization is:  I plan to perform the following services at this organization:  I was able to get permission to perform community service from:  Whose position is:  You can reach him/her at the following telephone number:  My daily supervisor, who will sign my attendance sheet for every hour I volunteer, will be: |

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community Service Hours Verification Form

Print out this form and use this to record your volunteer service hours. You will need to obtain a signature every time you volunteer. Make a copy of this form for your records. You MUST submit the original. REMEMBER you will NEED to get photos of YOU performing your Community service!!

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Type of Work | Hours | Organization | Name, Signature, Phone number of supervisor | |
|  |  |  |  | PRINTED name and signature | Phone Number |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**TOTAL HOURS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Process Reflection: Answer the following questions in complete sentences.

|  |  |
| --- | --- |
| Stages of Community Service | Reflection Questions |
| Investigation | 1. What service was provided by the group or organization you worked for in the community? 2. How long has it been in existence? 3. What were the reasons you chose this particular community service? 4. Does this organization provide or supplement services provided by local/state government?   Planning and Preparation   1. How did you get your job at this organization? 2. How did you prepare/plan for your community service? |
| Implementing | 1. What jobs, duties, and responsibilities were you asked to perform? 2. What interactions did you have with other volunteers and/or adults? 3. How did this service connect to the “Roles of a Citizen”? |
| Reflection | 1. What specific experiences affected you? 2. Did you make a difference? Explain your answer. 3. What did you learn from this experience? |

Community Service Completion Sheet

*(Sample)*

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Hours Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief description of work:

Work Performance: (check all that apply)

\_\_\_\_\_\_ Excellent! \_\_\_\_\_\_ On time

\_\_\_\_\_\_ Average \_\_\_\_\_\_ Appropriate Language

\_\_\_\_\_\_They showed up \_\_\_\_\_\_ Appropriate Clothing

\_\_\_\_\_\_ Would not want them back

Additional comments:

Name of supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Phone/e-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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