

**SCHOOL DISTRICT OF ST. LUCIE COUNTY  
COMMUNITY SERVICE PROGRAM  
STUDENT APPLICATION**

I am interested in the Community Service Program and would like to participate in all aspects of the program.

PLEASE PRINT:

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

Parent/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Student Signature \_\_\_\_\_

I approve the participation of the above student in this program of community service.

Parent/Guardian Signature \_\_\_\_\_

STUDENT:

Please list any previous volunteer or community service experience you have had \_\_\_\_\_

Have you ever had a part-time or summer job? \_\_\_ NO \_\_\_ YES - Doing What? \_\_\_\_\_

What hobbies, interests, or extracurricular skills do you have? \_\_\_\_\_

Check three (3) skills that you believe you have as a result of your experience in work, school, community, or extracurricular activities.

- |   |   |
|---|---|
| <input type="checkbox"/> Organization                       | <input type="checkbox"/> Mechanical Skills                |
| <input type="checkbox"/> Research Experience                | <input type="checkbox"/> Telephone Skills                 |
| <input type="checkbox"/> Ability to Work Well with Children | <input type="checkbox"/> Ability to Work Well with Adults |
| <input type="checkbox"/> Ability to Listen Well             | <input type="checkbox"/> Computer Skills                  |
| <input type="checkbox"/> Able to Work Without Supervision   | <input type="checkbox"/> Other                            |

I RECOMMEND \_\_\_\_\_ TO PARTICIPATE IN THE COMMUNITY SERVICE PROGRAM.

\_\_\_\_\_  
Counselor (Name Printed) Signature

\_\_\_\_\_  
Teacher/Coordinator (Name Printed) Signature

\_\_\_\_\_  
Teacher (Name Printed) Signature

RETURN THIS FORM TO \_\_\_\_\_  
NO LATER THAN \_\_\_\_\_