

# CHURCHILL JR. HIGH SCHOOL



# COMMUNITY SERVICE PROGRAM

REQUEST FOR APPROVAL/ PARENTAL PERMISSION FORM  
MUST BE SUBMITTED BEFORE ANY

SERVICE BEGINS, AND PACKET MUST BE SUBMITTED BY

**MAY 13, 2024**



**Principal**  
Matthew Hanas

# Churchill Junior High School

*Achieving Excellence with Honor and Integrity*

18 Norton Road  
East Brunswick, New Jersey 08816  
Phone (732) 613-6800 Fax (732) 257-0087



**Assistant Principals**

Alexia DeLuca  
Ian Evanovich  
Jennifer Cunningham

Dear Parents and Students,

Churchill Jr. High School is joining East Brunswick High School in asking high school students to volunteer their time through community service. Upon completion, students who participated in this project will have their community service listed on their official transcript. It will be recorded every year that service is completed.

**The number of hours required is 15.** If a student completes **less** than 15 hours, it will **NOT** be listed on the transcript. The Community Service Project is open to all students in grades 9 - 12. Those students who are interested in volunteering their time are asked to complete a Community Service Packet. They may pick this packet up from the Counseling Department. It can also be found under the Community Service section on the Counseling page on the CJHS website. **The Request for Approval form must be signed by the student's counselor prior to starting service.**

The goals for the Community Service Project are:

- Develop a sense of citizenship
- Cultivate individual responsibility
- Cultivate a sense of social responsibility
- Build self-worth and self-esteem
- Bridge generation barriers
- Relate learning to life experience
- Encourage continuing community service after high school

The Greek writer, Aesop, once wrote,  
*"No act of kindness, no matter how small, is ever wasted."*

## Community Service Procedures

1. **It is the responsibility of the student to find a placement with a Community Service Organization.**
2. **Complete the "Request for Approval/ Parental Permission Form"**
3. Meet with your Guidance Counselor [by appointment]. You will receive notification as to time and place.
4. Return form to Miss. Lipariti.
5. **Request for approval is to be done prior to beginning every new service.** Although a meeting with the Guidance Counselor is only required before beginning your first service, a second or third meeting might be necessary prior to the beginning of any subsequent service.
6. **At the conclusion of your service, you will write a one-page reflection essay to include in this packet.** The essay should describe the differences that community service has made in the student's life and the life of others. Only one essay should be submitted regardless of the number of service organizations used. (see <https://www.ebnet.org/Page/11105> for more information).
7. **ALL forms must be completed by Monday, May 13, 2024**

### Possible Placements

#### It is the responsibility of the student to find a placement

Teachers' Aides	Student Tutors
Coaching in parks & recreation program	Pre-school helpers
After school arts and crafts instructors	Ambulance Corps
Fire Department	Public Library
Hospital - candy striper, data entry	Red Cross
Nursing Home	Church and Synagogue Service
Senior citizen home volunteers	Handicap - Special Olympics
Community Centers	Scouts
American Cancer Society	School Beautification
American Heart Association	Humane Society
Big Brother/Big Sister	Blood Drives
Community Councils	Soup Kitchens
Recycling	Easter Seals
Food Banks	Habitat for Humanity
March of Dimes	Mothers Against Drunk Driving
Salvation Army	United Way

**CHURCHILL JR. HIGH SCHOOL COMMUNITY SERVICE PROGRAM**  
**Request for Approval/Parental Permission**

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Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Number: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Service: \_\_\_\_\_

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Organization/Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Day[s] and hours of service: \_\_\_\_\_

Method of transportation: \_\_\_\_\_

***My son/daughter has my permission to participate in the Community Service Program.***

\_\_\_\_\_  
Signature of Parent or Guardian      Date

***This sheet **ONLY** must be handed in and approved **BEFORE you begin*****  
Retain Time Sheet and Evaluation Sheet for completion during and after service.

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**Community Service must be completed and all paperwork handed in to the Counseling  
Office/Guidance secretary by Monday, May 13, 2024.**

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Service Approved [  ]      Service Not Approved [  ]      Date: \_\_\_\_\_

\_\_\_\_\_  
School Counselor Signature

**CHURCHILL JR. HIGH SCHOOL COMMUNITY SERVICE PROGRAM  
EVALUATION FORM**

Student's Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Date Service Began: \_\_\_\_\_ Date Service Ended: \_\_\_\_\_

Name of Placement: \_\_\_\_\_ Sponsor Name: \_\_\_\_\_

<i>Place a check indicating the level of Performance for each trait.</i>	<b>Outstanding</b>	<b>Satisfactory</b>	<b>Needs Improvement</b>	<b>Not Applicable</b>
1. Communicates effectively				
2. Follows directions accurately				
3. Uses time well				
4. Works to solve problems				
5. Is dependable				
6. Works in cooperation with others				
7. Shows energy and enthusiasm				
8. Can work independently				
9. Takes initiative for self-development				
10. Demonstrates that he/she is learning				
11. Uses good judgment				
Overall Evaluation				

**Additional Comments:**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This sheet must be completed and returned ALONG WITH YOUR ESSAY.**

# CHURCHILL JR. HIGH SCHOOL COMMUNITY SERVICE PROGRAM TIME SHEET

Student Name:		Phone:	
Student ID #:		Placement Name:	
Date	Time	Activity (Short Description)	Hours
Total Hours			

Student Signature: \_\_\_\_\_ Sponsor Signature: \_\_\_\_\_

**This sheet must be completed and returned ALONG WITH YOUR ESSAY.**