Community Service or Work Experience

All students must complete community service as part of our AVID program. A minimum of 70 total hours are required for students to receive an AVID stole. The following hours need to be completed in each grade level and will be verified each semester.

Grade Level	Total # of Required Hours
9th	10
10th	20
11th	30
12th	10

Activity Logs

Students will be given a community service/work experience log to keep track of hours served or worked, as well as event profile form that should be completed after each activity.   The profile includes:

- Name/Class Year

- Date of Event

- Location of Event

- Hours Served

- Name, Signature, and Contact info. of Supervisor at Event

- Visual Aid (photo, flyer, etc.)

- Reflective piece/Summary of what student did

How to Acquire Community Service or Work Experience Hours

Service activities can be completed at school or in the community. Students are not permitted to work for their family in any capacity to fulfill these service hours. We are encouraging students to seek out new experiences and find activities that they are passionate about or in fields they are interested in. (ex. If a student wants to be a nurse, they could look for volunteer opportunities at a hospital.)

AVID specific activities include:

- Clean up/Set up of Events (bingo, parties banquets, etc.)

- Float creation and/or participation

- Tutorial Tutoring (Seniors with Freshmen tutorials) or After-school Tutoring; min GPA requirement and math requirement

Activity Reflection

Event: _____   *Location*_____ *Date:*_____

Time in:_____   **Time out:**_____ **Total Hours Served:**_____ **AVID Event:** Y/N

Supervisor's Name: _____ **Signature:** _____

Supervisor's Contact (Phone or Email):_____

Summary (How did this experience help you grow? What did you learn about yourself? What did you like/dislike? Special memories? New skills or challenges?)**:**

_____

_____

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Community Service/Work Experience Log

Name:_____   **Year: 9th 10th 11th 12th (CIRCLE)**

Date	Time	Hours	Activity Description	Name of Supervisor	Signature

Total Hours:_____