

## Pinellas County Schools Bright Futures Volunteer Service/Paid Work Proposal Form



| Forms must be completed in entirety. Students  | s must complete                  | separate forms for each  | location                 |
|--|----------------------------------|--|--------------------------|
| Name:  |                                  |  |                          |
|  |                                  |  |                          |
| Scholarship  | Volunteer Service Hours Required |  | Paid Work Hours Required |
| Florida Academic Scholarship (FAS)   |                                  | 100  | 100                      |
| Florida Medallion Scholarship (FMS)  | 75                               |  | 100                      |
| Gold Seal CAPE (GSC)   | 30                               |  | 100                      |
| Gold Seal Vocational (GSV)   | 30                               |  | 100                      |
| will be completing (circle one): VOLUNTEE  | R SERVICE HOU                    | RS PAID WORK HOUF  | रड                       |
| If you are doing VOLUNTEER SERVICE hours, the following service hours will not count.  1. Court mandated community service. 2. Service hours where a family member is verifying the completed hours. 3. An activity where there is no responsible adult to evaluate and confirm student performance. 4. Donations such as Locks of Love. 5. Participation on a sports team or a performance of any kind unless participation is considered an act of service.  I verify that my service hours do not fall in any of the above categories.  Student Signature |                                  | If you are doing PAID WORK hours, the following will not count.  1. Work hours where a family member is verifying the completed hours.  I verify that my work hours do not fall in any of the above categories.  Student Signature |                          |
| Name of Agency/Business:   |                                  |  |                          |
| Name of Contact at Agency/Business:  |                                  | Phone Number of Agency   | y/Business:              |
| Student Signature:   |                                  |  |                          |
| Parent Signature:  |                                  |  |                          |
| Office   | Use Only- To be                  | completed by PCSB Staff  |                          |
| s this proposal approved? Yes No   |                                  |  |                          |
| Signature:   |                                  |  |                          |
| High School Service/Paid Work Designee   |                                  |  | Date                     |

High School Service/Paid Work Designee - Please place the original in the student's cumulative record and give the student a copy.