

Community Participation

Community Participation: Provide service to community and school through volunteering time for beneficial activities and projects.

Description: One requirement for graduation from Fertile-Beltrami High School is to successfully complete sixteen (16) hours of community participation. These hours may be completed any time during the student's four-year high school experience. No more than four 4 hours may be obtained from one source, and no more than four 4 hours can be obtained via school related volunteering or activities.

It is suggested that students plan ahead and try to obtain four 4 hours each year, rather than wait to complete this requirement during their senior year. All students are encouraged to exceed these minimum requirements.

Forms will be used to document each community participation occurrence. These forms are the only documentation that will be accepted. All forms must be submitted prior to May 15th of the school year in which the involvement was provided. It is each student's responsibility to turn in the form to Amanda Bosman, School Counselor. Hours will be documented and placed in your Community Participation file.

The following are the accepted areas where "community participation" can take place. Any student who would like consideration for another "service area" to be considered should make a formal written request to the High School Principal prior to service being rendered.

1. School Activity (successfully completing the activity).
2. City, County and State Government Service.
3. Church Service.
4. Hospital, Nursing Home, and Assisted Living Service.
5. Other School Service.
6. Civic Organization Service.
7. Other, need high school principal verification.

Fertile-Beltrami High School Community Participation Graduation Requirement

Student Name _____ Current Grade _____ Grad Year _____

Name of School Activity or Community Agency _____

Name Contact Person for Activity/Agency _____

Agency Phone Number _____ Date of Service _____ Number of hours _____

By signing this form, you are verifying that the above information is true and correct.

Organization Representative Signature _____

Student Signature _____

Parent Signature _____

CP Signature _____

All forms must be submitted prior to May 15th of the school year in which the service was provided.
Return completed forms to Amanda Bosman.