How the Program Works
Ben Holt’s Commitment to Community Award gives special recognition to students who complete 75 hours of community service work within the time frame of a single year. Students who wish to participate must enroll and complete at least 25 hours of community service no later than January 11, 2019. Students who document 75 hours of service by the spring deadline of May 17, 2019 will be honored at an Academic Awards Ceremony and will receive a ceremomial pin to be worn during the students’ graduation ceremony. Students who earn this honor multiple years will receive a distinguished ceremoniial pin for each year of recognition.

Definition of Community Service
For the purpose of this award, community service is defined as work completed for no financial or personal gain and performed for and beyond the community of Benjamin Holt CPA unless it serves a greater good for our school, city, nation, or world, and be in addition to the 10 hours required for the senior project. Work must be completed to better the community, not a For-Profit Business. You may ONLY work up to 4 hours per day on the school day and 8 hours per day on the weekend/holiday. Any hours exceeded over the limited hours will not be verified.

If uncertainty arises as to the acceptability of any type of service, individuals and club advisors should contact any member of the Commitment to Community Award Committee for clarification. The committee is not responsible for students understanding what constitutes community service eligible for the accumulation of hours.

Documentation of Community Service Hours
1. Community service hours MUST be documented on the BHA Commitment to Community Award Documentation of Hours form (see Appendix B Documentation Form) and signed by community service supervisor.
2. Hours must be accumulated between June 9, 2018 and May 17, 2019. Documentation will be deemed valid only if performed, recorded and verified within the given time frame.
3. Hours should be submitted MONTHLY in order to insure verification. Hours that are submitted prior to the previous month may be difficult to verify and therefore not count towards the total.
4. To be eligible for the BHA Commitment of Community Award, students must document and return verification of 25 hours of community service and complete the Enrollment Agreement (Appendix A) by January 1, 2019.
5. Students have the sole responsibility for completing, documenting and returning documentation forms to verify service. Forms not completed satisfactorily will be rejected and returned.
6. For each organization, students must complete the Parent/Guardian Consent Form (APPENDIX C) with proper signatures in order for the hours to be counted for the program. Forms must be submitted along with the Documentation Form (APPENDIX B). Students are required to complete the form ONLY ONCE for each organization.

You must have the following completed in order to be recognized:

- Minimum 75 community service hours to receive award.
- 25 hours must be completed, documented, and Enrollment Agreement (Appendix A) turned in on or before January 11, 2019 by 3:00pm.
- Hours should be submitted monthly in order to ensure verification. Hours must be submitted within 30 days of service or they may not be verified.
- A minimum of 25 hours must be completed ON the BHA campus.
- A minimum of 25 hours must be completed BEYOND the BHA campus.
- Original Copies must be written in pen with NO WHITE OUT on documentation forms only!
- Parents and family members CANNOT sign to verify hours.
- Students that submit documentation forms with forged supervisors signatures, altered hours/information or inflated hours will be terminated from the program.
- TOTAL HOUR DEADLINES:
  - Minimum of 25 hours by January 11, 2019 (by 3:00pm)
  - Minimum of 50 hours (total) by March 29, 2019 (by 3:00pm)
  - Final 75 hours (total) by May 17, 2019 (by 3:00pm)
- Turn in all forms to Mrs. Holtz in her office space (114) or the BHA office.

Service work that is NOT allowed:

- Volunteer hours cannot be part of exhibition community service requirement or for senior project purposes.
- Volunteer hours cannot be hours owed for Advisory recovery hours.
- Volunteer hours cannot be earned for travel time, meal times, or for attending club meetings.
- Fundraising for personal use will not be counted for service hours.
- Volunteering to help a For-Profit Business (i.e. Doctors Office, Filing for a Law Office.
- Volunteer hours will not be carried over from year to year in the accumulation of 75 hours.
- Hours served on campus cannot include performing clerical duties.
- Community service hours cannot be earned for attending worship services, though service done for religious organizations outside of a normal worship service will be accepted.
- Serving at dinners, such as crab feeds will not be allowed if the student received tips in any way.

If you have any questions or comments, please contact Mrs. Holtz, Room 114 (Staff Office) nanci.holtz@aspirepublicschools.org or (209) 955-1477 ext 12346.
BENJAMIN HOLT CPA “COMMITMENT TO COMMUNITY’ AWARD PROGRAM
PARENT/GUARDIAN ENROLLMENT AGREEMENT

When a student is ready to enroll into the Commitment to Community Service Program, they must submit the following:
1. Appendix A, Parent/Guardian Enrollment Agreement, completed and signed by both student and parent/guardian.
2. $5 Donation (Cost covers printed paperwork and service pin).

Name: ________________________________________ Class of 2019, 2020, 2021, 2022 (circle one)

Phone: ________________________________ (cell or home) Advisory Teacher: ______________________

Email: ________________________________________(please print neatly)

I have read the BHA Commitment to Community Award information packet and understand the rules and guidelines pertaining to the program. I understand all hours must be completed by the given deadlines (first 25 hours due on or before January 11, 2019, next 25 hours (total of 50 hours) due by March 29, 2019 and the remaining 25 hours (total of 75 hours) due by May 17, 2019) in order for me to be awarded this recognition. Hours SHOULD be submitted MONTHLY in order to ensure verification. Hours submitted prior to the previous month may not be verified. REMINDER: You may ONLY work up to 4 hours per day on the school day and 8 hours per day on the weekend/holiday. Any hours exceeded over the limited hours will not be verified. In signing, I commit to taking on the challenge of the BHA Commitment to Community Program for its value to me, to the community, and to our world as a whole.

Student Signature: ________________________________ Date: ______________________

Parent Signature: ________________________________ Date: ______________________

Remember to submit your hours monthly!
BENJAMIN HOLT CPA “COMMITMENT TO COMMUNITY” AWARD PROGRAM

(Use a new form for each organization)

FOR OFFICE USE ONLY

HOURS ARE DUE MONTHLY.
ALL INFORMATION MUST BE COMPLETED. IF NOT, THE HOURS MAY NOT BE VERIFIED

Return this completed document to Mrs. Holtz in the Staff Office.

No FOR PROFIT Business

No Parent/Guardian Signature to verify hours.

No family members may be the recipients or supervisors of service.

Cannot use exhibition hours.

Total Hours: entered by: date:

parent consent form

Commitment to Community Documentation Form

The ENTIRE form needs to be completed in order for it to be accepted and the hours to be verified by Benjamin Holt.

Name: __________________________________________ Class of 2019, 2020, 2021, 2022 (circle one)

Advisory Teacher: _____________________________ Email: _____________________________

Name of Service Organization _____________________________

Description of Service: _____________________________

Parent Consent Form ☐

Community Service Log

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<tr>
<th>Service Date (mm/dd/yy)</th>
<th># of hours served</th>
<th>BHA or Community (circle one)</th>
<th>Supervisor Initials</th>
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Remember to get initials next to each day that you volunteer! Each line is a different day. You may use this sheet for up to 14 days!

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By signing this document, you verify the information contained herein is complete and accurate.

Name: _____________________________ Daytime Phone: _____________________________

Email: _____________________________ Other Phone: _____________________________

Signature: _____________________________ Date: _____________________________

Service Director/Sponsor Information

Return this completed document to Mrs. Holtz in the Staff Office.

HOURS ARE DUE MONTHLY.

ALL INFORMATION MUST BE COMPLETED. IF NOT, THE HOURS MAY NOT BE VERIFIED
PARENT/GUARDIAN CONSENT FOR PARTICIPATION IN A COMMUNITY SERVICE OR PROJECT

Student Name ____________________________________________________________

I give the above named student permission to: (Circle One) drive a car, walk, bicycle, other,
to the below activity:

School person in charge ___________________________________________________

Community service supervisor at site: __________________________________________

Name of Organization: ______________________________________________________

Activity to be held at ______________________________________________________

Activity will be held on ___________________________ from __________ to __________

I hereby give my permission for my student to participate in the above described activity and I hereby release and discharge the Aspire Public School District from all liability arising out of or in connection with the above described activity. I understand my student may come in contact with individuals on who are not District employees and for whom the District has not received criminal history clearance.

California Education Code Section 35330 provides in part: All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursions.

It is the intention of (name of child) ____________________________ and the undersigned by this instrument, to exempt and relieve the Aspire Public School District from liability for personal injury, property damage or wrongful death caused by negligence.

The undersigned, for named child, his/her heirs, executors, administrators or assigns agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against Aspire Public School District he/she shall indemnify and save harmless the same Aspire Public School District from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

In the event of illness or injury, I consent to whatever medical and/or hospital treatment is considered necessary in the best judgment of the attending medical care provider(s). I acknowledge that pursuant to Education Code 35330 and District policy, it is my responsibility to pay any costs incurred for such medical treatment.

Signature of Parent or Guardian ____________________________________________ Date __________________

Signature of Student _______________________________________________________ Date ________________

Emergency Contact: ________________________________________________________ Telephone: ____________________