



BENJAMIN HOLT “COMMITMENT TO COMMUNITY” AWARD PROGRAM 19-20

Benjamin Holt CPA's Commitment to Community Award recognizes the outstanding commitment of students to volunteer service on and beyond the Benjamin Holt CPA campus.

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 10, 2020**. Students who document **75 hours** of service by the spring deadline of **May 15, 2020** will be honored at an Academic Awards Ceremony and will receive a ceremonial pin to be worn during the students' graduation ceremony. Students who earn this honor multiple years will receive a distinguished ceremonial 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.

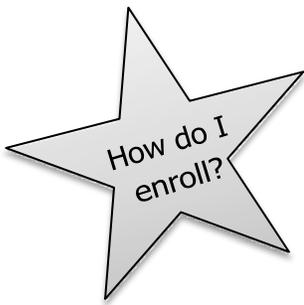


Documentation of Community Service Hours

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 8, 2019** and **May 15, 2020**. 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 10, 2020**.
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:	Service work that is NOT allowed:
<ul style="list-style-type: none"> • 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 10, 2020 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: <ul style="list-style-type: none"> ○ Minimum of 25 hours by January 10, 2020 (by 3:00pm) ○ Minimum of 50 hours (total) by March 12, 2020 (by 3:00pm) ○ Final 75 hours (total) by May 15, 2020 (by 3:00pm) • Turn in all forms to Mrs. Holtz or the BHA office. 	<ul style="list-style-type: none"> • 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 (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 2020, 2021, 2022, 2023 (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 10, 2020, next 25 hours (total of 50 hours) due by March 12, 2020 and the remaining 25 hours (total of 75 hours) due by May 15, 2020**) 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: _____



BENJAMIN HOLT CPA "COMMITMENT TO COMMUNITY" AWARD PROGRAM

(Use a new form for each organization)

APPENDIX B

25 hours due by January 10, 2020 (3:00pm)
Next 25 hours due by March 15, 2020 (3:00pm)
Final 25 hours due by May 15, 2020 (3:00pm)

FOR OFFICE USE ONLY		
Total Hours: _____	Entered by: _____	Date: _____
Parent Consent form <input type="checkbox"/>		

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 2020, 2021, 2022, 2023 (circle one)

Advisory Teacher: _____ Email: _____

Name of Service Organization _____

Description of Service: _____

Community Service Log

Service Date (mm/dd/yy)	# of hours served	BHA or Community (circle one)	Supervisor Initials	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!	Service Date (mm/dd/yy)	# of hours served	BHA or Community (circle one)	Supervisor Initials	
		BHA Community						BHA Community	
		BHA Community						BHA Community	
		BHA Community						BHA Community	
		BHA Community						BHA Community	
		BHA Community						BHA Community	
		BHA Community						BHA Community	
		BHA Community						BHA Community	

Service Director/Sponsor Information

Name: _____ Daytime Phone: _____

Email: _____ Other Phone: _____

Signature: _____ Date: _____

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

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





ASPIRE PUBLIC SCHOOL DISTRICT

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: _____