



Bright Futures Volunteer Service/Paid Work Proposal Form

Forms must be completed in entirety. Students must complete separate forms for each location.

Name: _____ High School: _____

Local ID Number: __SHS-120183001946 __BHS-120183001948 __SVS-1201838171 __SOS-12018300860

Students must earn either the required volunteer service OR paid work hours, but not a combination of both. Service hours/paid work hours must be completed with an agency, company, organization or business.

I will be completing (PLEASE CIRCLE ONE): Volunteer Service OR PAID WORK HOURS Graduation Year: _____

Table with 3 columns: Scholarship, Volunteer Service Hours Required, Paid Work Hours Required. Rows include Florida Academic Scholarship (FAS), Florida Medallion Scholarship (FMS), Gold Seal CAPE (GSC), and Gold Seal Vocational (GSV).

If you are doing VOLUNTEER SERVICE hours, the following service conditions apply.

- 1. Sports team performance of any kind is not allowable.
2. Court mandated community services are not allowable.
3. Family members are not allowed to verify service hours.
4. Donations to nonprofits are not allowed.
5. Unsupervised opportunities that do not include an adult verifying the student performance/participation.

I verify that my service hours do not fall into any of the above categories. _____

Student Signature

PAID WORK hours must meet the following conditions:

- 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

Agency Name: _____ Agency Contact: _____

Agency Number: _____

Student Signature: _____ Parent Signature: _____

Students/Parents, do not write below this line, for administrative use only.

Is this form approved? ____ Yes ____ No

Signature: _____ Date: _____

College, Career, Life Coach – Please place this in the students’ portfolio and provide a copy to the student and guidance.

**Bright Futures Scholarship
Volunteer Service Work Hours Log**

Name _____ Home Phone _____

Home Address _____ Zip _____

School _____ Expected Graduation Year _____

Date	Number of Hours Worked	Task Performed (Brief Explanation)	Community Agency, School Agency, or Organization	Title/Signature of Supervisor and Phone Number
Total Hours				

Student Statement. I understand that:

1. It is my responsibility to maintain this Log of volunteer service work hours.
2. I may only earn volunteer service work hours after a Volunteer Service Work Plan Form has been filled out and approved.
3. I may only earn volunteer service work hours for Bright Futures in Grades 9-12.
4. I understand that volunteer service work hours may not be earned through:
 - a. Court mandated community service
 - b. An activity for which a student benefited financially or materially for the volunteer service worked
 - c. Family related activities or service to family members (ex. babysitting, completing assigned chores, etc.)
 - d. Religious activity which can be interpreted as proselytizing
 - e. Donations, such as Locks of Love or giving blood
 - f. Service work that earns the student academic credit (except for credit earned through an approved service-learning course).
 - g. An activity where there is no responsible adult or supervisor on site to evaluate and confirm student performance
 - h. Service work earned cannot be doubled or in any way increased by any agency or school
 - i. Any activity, event, or performance in which an admission is charged or a donation collected; unless the work plan proposal documents a social, civic, or professional area of interest.

I verify that this Log is a true and accurate record of my unpaid volunteer service work hours.

Student Signature: _____ Date Submitted _____