

Student Name: _____ **Student ID:** _____ **Grade** (circle one): 9 10 11 12

Volunteer Credit: 80 hours for ½ credit 160 hours for 1 credit

Work Credit: 160 hours for ½ credit 320 hours for 1 credit

The school will grant a maximum of one credit for off-campus employment and a maximum of one credit for volunteer service. Off-campus employment hours worked must take place during the academic year.

In order to receive off-campus work or volunteer credit, this form **must** be completed by your parent/guardian **and** employer/supervisor. Return the completed form to your counselor.

Part I - Describe in detail the activity/activities for which you are applying for credit:

Part II - Student and Parent/Guardian Responsibilities:

Student: It is the responsibility of the student to obtain appropriate work/volunteer service, assume the responsibility of completing the program, furnish their own transportation, obtain the required signatures and information for completion of this form, and return the completed to their counselor by the last day of the school year.

Parent/Guardian: Parents/Guardians are urged to call their student's counselor if they have questions. It is important for parents/guardians to understand that full-time work and full-time school are very difficult for young people to handle at the same time.

I have read the above statements and agree to them as we participate in this program.

Student Signature

Date

Parent/Guardian Signature

Date

Part III - Employer/Supervisor Responsibility: The Racine Unified School District appreciates your cooperation with our off-campus program and your interest in working with young people. Please fill out the information requested below.

I hereby certify that _____ has successfully completed the following hours of work/volunteer activity, during the period of _____ to _____: Total hours **worked**: _____
(student name)
(Mm/Dd/Year) (Mm/Dd/Year) Total hours **volunteered**: _____

Supervisor Name (Print)

Company Name

Email

Phone

Supervisor Signature

Date

FOR OFFICE USE ONLY

Credit approved as follows:

Volunteer Credit: 80 hours for ½ credit 160 hours for 1 credit

Work Credit: 160 hours for ½ credit 320 hours for 1 credit

Counselor Signature: _____ **Date:** _____

