

Roosevelt High School

Community Service Program

Purpose

In an effort to emphasize the importance of serving one's own community through volunteerism, Roosevelt High School (TRHS), in collaboration with the Roosevelt High School PTA, would like to honor student volunteers with a distinguished BLUE/SILVER CORD to be worn over the graduation robe during the commencement ceremony at the conclusion of each school year.

Guidelines to Earn Blue/Silver Cord

To earn the distinguished BLUE/SILVER CORD, students must complete a total of (120) hours of community service which equals 30 hours of service per year. **Seniors must submit all required hours by May 1. Seniors who fail to submit the required hours by the deadline will not receive recognition on the graduation program or receive a certificate of completion.**

Students MUST document all service activities on the form provided by Roosevelt High School – **one form is required for each site project.** The form must be signed by the supervisor at the site of service. Forms can be submitted at any point during the year to Mrs. Lupe Thomason's office (2nd floor, near office 2170) and main office to be placed in Mrs. Lupe Thomason's mailbox. Forms may be picked up in the library, counseling center, school website under the student tab, and Mrs. Thomason's office. Students will provide their own transportation while completing this service.

Acceptable Service Activities

BLUE/SILVER CORD hours must be for providing a SERVICE or meeting a clear NEED for a non-profit agency, church, school, park, charity program, fundraiser, or community event. The service should be considered "above and beyond" one's usual scope of involvements and **no more than 20% of the required 30 hours per year can be work completed for Roosevelt High School, such as the National Honor Society.** If there is a question about whether a specific volunteer experience meets the criteria for "providing a service" or "meeting a need", students should seek prior-approval from Mrs. Thomason before accepting a service assignment with a particular organization.

Lupe.thomason@dmschools.org 515 242-766 cell# 858 335-2319

Examples of activities that would NOT BE ACCEPTABLE

-performing in a musical, dance or theater groups, unless for charity benefit -personal leadership development causes
-Camp Counselor in which free room and board provided -any activities in which you are being paid
(Some exceptions made for camps for children with disabilities)

*Silver Cord hours cannot be earned 1) for a relative 2) for a for-profit business 3) sole individuals/families



You make a living by what you get, but you make a life by what you give.

-- Winston Churchill

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Community Assistance Permission and Verification Form

At Roosevelt High School, we value the opportunity to “give back” to our community through volunteerism. Donating one’s own time, sweat and passion to bettering the community in which we live and attend school, while also improving the lives of those less fortunate, is one of the most dignified things that we can do as citizens. In an effort to honor the community service efforts of our graduating seniors, a BLUE/SILVER cord will be provided to students who have completed the required number of hours.

Please complete and return the following form to Mrs. Lupe Thomason, RHS Community Schools Coordinator on the 2nd floor of the RHS building (2170). Complete one form for each site or project that you volunteer, with a signature from that organization’s site administrator. All service hours and verification forms **MUST be returned to Mrs. Thomason by the last day of school**, and **May 1, for seniors**.

Student Name: _____ **Year of Graduation:** _____

Cell# _____ **email** _____

Parent: I give my permission for my child to perform community service described on this form. I hereby waive, release, and hold harmless the Des Moines Public Schools and its personnel from any liability in the unlikely event of an injury while performing this service.

Parent Signature: _____ Telephone: _____ Date: _____

Student: Summarize the goals, purpose, and activities of the organization: _____

Describe the activities or tasks of service performed: _____

I verify that I performed the service described above.

Student Signature: _____ **Date(s) of Service:** _____

Community Assistance Verification

This area must be filled out in its entirety by the site supervisor.

If mistakes are made, they need to be initialed by the site supervisor.

Organization Name (attach business card if available)

Print Name of Supervisor at Volunteer Site

Telephone Number or email address

Title of Supervisor

Total Hours of Service

Signature of Supervisor