



AVID Community Service



STUDENT'S NAME: _____

TYPE OF SERVICE/ LOCATION/ORGANIZATION: _____

DATE OF SERVICE: _____ NUMBER OF SERVICE HOURS: _____

SIGNATURE OF PARENT OR SUPERVISING ADULT

AVID PROMOTES FUTURE COMMUNITY LEADERS!

REMEMBER TO GET YOUR COMMUNITY SERVICE PLANS APPROVED BY YOUR AVID TEACHER PRIOR TO PARTICIPATION. ALSO, DON'T FORGET THAT CHORES AT HOME ARE **NOT** CONSIDERED COMMUNITY SERVICE!

FOR MORE IDEAS AND INFORMATION, VISIT:

WWW.VOLUNTEERSANDIEGO.ORG OR SEE MRS. PARRY OR MRS. PERKIO OR JOIN MVMS'S AFTERSCHOOL EAGLE SERVICE CLUB!



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