

Licking Valley High School

Service Learning Graduation Requirement

1. Complete 30 documented hours at non-profit site/sites of your choice, verified by the attached timesheet. Please note activity on the timesheet.
2. Complete a two (2) page, typed, double spaced paper reflecting on the service learning experience. (see page 3 for additional information).
3. Submit your timesheet and reflection paper to the Counseling Office upon completion no later than May 1st of the year of your graduation. Note: Deadlines for senior year prom attendance may be earlier than May 1.
4. Pass/Fail credit will be given after approval by the review committee.

.25 credit = 30 hours **Required**
.50 credit = 60 hours
.75 credit = 90 hours
1.0 credit = 120 hours

Do you Have the Following?
Pre-Approval Form (if applicable)
Timesheet with Appropriate Signatures
2-page Reflection Paper

Service Learning and the Ohio Graduation Pathway

The Licking Valley Local Schools board of education has approved the service learning graduation requirement to fulfill the state of Ohio Community Service Seal for graduation. In addition to earning 0.25 academic credits for completing the 30-hour requirement, students will receive this local seal helping them meet one of the two readiness seals required by the state of Ohio to graduate.

For more information about the Community Service Seal and Ohio graduation pathway requirements visit:

<https://education.ohio.gov/Topics/Ohio-s-Graduation-Requirements/Ohio%E2%80%99s-Graduation-Requirements>



The sites listed have been pre-approved. If you are interested in completing hours through church youth groups, scouts, 4-H, or any other location not listed, complete the Pre-Approval form.

American Red Cross 740-349-9442	Leads Head Start 740-345-1745
Big Brothers/Big Sisters of Licking County 740-349-9646	Licking County Aging Program 740-345-0821
Buckeye Lake State Park 740-467-2690	American Legion Post 764-Hanover 740-899-4050
Camp O'Bannon 740-345-8295	Licking County Board of DD 740-349-6588
Catholic Social Services 740-345-2565	Licking County Center for the Visually Impaired 740-345-4600
City of Newark Litter Prevention and Recycling 740-349-6699	Licking County Coalition for Housing 740-349-1921
Dawes Arboretum 740-323-2355	Licking County Humane Society 740-323-2100
Habitat for Humanity 740-788-8778	Licking/Knox Goodwill Industries 740-345-9861
Hospice of Central Ohio 740-788-1404	Licking County Park District 740-587-2535
Licking County Litter Prevention and Recycling 740-670-4079	Licking County Library 740-349-5550
Pathways of Licking County 740-345-6166	St. Vincent DePaul 740-349-8425
The Works 740-349-9277	United Way of Licking County 740-345-6685
Licking County YMCA 740-345-9622	Licking Valley Heritage Society
Licking Valley Youth Sports Association	Together we Grow Garden

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Service Learning Paper Guidelines

To include in your paper:

1. The who, the when, and the where.
2. What did you do? Please describe what you did. Be sure to be specific and give examples.
3. What did you like about the experience and why? Please give an in-depth explanation.
4. What didn't you like about the experience and why? Please give an in-depth explanation.
5. What did you learn from the experience? Reflect on your thoughts and feelings about the experience as a whole.
6. What recommendations would you give for improving the service learning program/ experience?
7. How did your experience benefit the community?

Typing requirements:

- Times New Roman Font
- 12-point Font Double Spaced
- 1- inch Margins
- No Heading - Use a Cover Page
- MUST BE 2 FULL PAGES

In order to receive credit for your community service essay, you must receive an "acceptable" for each of the following criteria:

- Topic is addressed and shows an awareness of audience and purpose.
- Contains ideas, examples, and details that add to the topic.
- Uses an acceptable organization plan.
- Uses an acceptable variety of sentence structures.
- Uses appropriate word choices.
- Occasional writing errors do not impair the reader's understanding of the written response.
- Typing of the essay follows the requirements.
- Paper length meets the requirement.

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Service Learning Pre-Approval Form

If a Service Learning site is not included on the Pre-Approved list, you must complete this form and submit it to the Counseling Office prior to accruing hours. The review committee will then discuss your application and return to you with a decision.

Please Note: You must receive this form back “approved” for any hours to count toward your Service Learning requirement to graduate. Attach this signed form with your timesheet and log. **You may begin accruing hours prior to approval, however, that is your decision, as they may not be accepted.** The agency must be a non-profit.

Date: _____

Student ID: _____

Student Name: _____

Information of Site to be Approved:

Site Name: _____

Site Address: _____

Site Contact Name: _____

Phone Number: _____

Details about the volunteer work: _____

Decision:

Approved

Denied

Additional Comments: _____

Signature: _____ Date: _____

Licking Valley High School Service Learning School/Student/Agency Agreement

The Service Learning program provides the student with a unique and active avenue to help develop a better sense of self and community, while also providing a meaningful career exploration experience. To achieve this, it is imperative that the school-student-agency relationship be realistic and understood by all parties involved. Thus, to maximize the opportunities for the student's success and to best meet the agency's needs, the program has established the following expectations:

THE STUDENT AND PARENT/GUARDIAN UNDERSTAND AND AGREE THAT THE STUDENT:

- Will attend his/her selected service site in a punctual and regular manner.
- Will notify in advance the Agency Coordinator of any absences from his/her service learning site activity.
- Will receive credit for only those hours that have been documented on the timesheet, initialed by the Agency Coordinator, and are hours for which he/she is not paid. A parent/guardian or other family member cannot sign as the site supervisor.
- Will fulfill his/her selected service site for the entire time designated unless given permission to change by the Program Coordinator.
- Will be considered a representative of Licking Valley High School and follow all rules and regulations of LVHS and the agency.
- Will maintain a neat appearance and dress appropriately in accordance with the school and agency policies.
- Will accept supervision graciously and work with enthusiasm and dedication to fulfill all assigned responsibilities.
- Will consider confidential all information learned concerning other people, students, patients, clients, employees, and other agencies.
- Will exercise complete integrity and honesty regarding all activities associated with the Program.
- Will immediately notify the Program Coordinator and Site Coordinator of any problems, concerns, or suggestions related to this program.
- Will conform to all legal statutes and health safety rules as they are known by or taught to the student by either the Program Coordinator or the agency representatives.
- Will provide his/her own transportation to and from his/her assigned site.
- Will sign below to confirm acceptance of these terms and expectations of this agreement, and acknowledge that any violation of these terms and expectations may jeopardize continued participation in the Program and/or credit for the Service Learning class.

STATEMENT OF RELEASE

On behalf of myself (my child), my heirs, next of kin, personal representatives, successors, and assignees, and in consideration for my (child's) participation in the attached described service learning experience at the above named organization, I agree to:

- Release the company, its successors, and assignees from any and all liability for claims, causes or actions, or damages arising from, resulting from or in any way related to the experience at the above named company;
- Waive any such claims that might arise, whether occurring now or in the future and whether now known;
- Assume any and all risks associated with the experience at the above named company/organization as between them and the company.
- I understand that participation in this experience does not entitle me (my child) to wages and that I (my child) will not be entitled to employment with the company at the conclusion of the experience.
- The business/organization will not be in any way held liable for a student's removal. All decisions for removal will be the responsibility of the school district.
- The business/organization is subject to and is operating under various state workers' compensation laws and in case of injury, the student will accept all compensation as provided by said laws.
- The student agrees to submit to a drug screening and criminal background check, if required.
- If, for any reason, the student is unable to keep their scheduled appointment, the student must contact the business/organization at least one (1) hour in advance of their start time. Failure to do so may result in termination from the program.
- The student will conform to all rules and regulations of the business/organization, including, but not limited to, all policies and procedures.
- The student shall conform to those standards of dress and appearances set up by the school and those expected of workers of the particular place of business.

- If injured on the job, no matter how slight, the student will report said injury to the site coordinator and the school program coordinator.
- The business partner has the right to discontinue the service experience without cause.
- The student may not withdraw early from the program site without approval from the school program coordinator and without proper notice to the service-learning site coordinator.

THE AGENCY AND ITS DESIGNATED STUDENT UNDERSTAND THAT IT:

- Will accept and deal with the student as a “learner.”
- Will expose the student to a variety of experiences and permit the student to work with and meet human needs as much as possible.
- Will help the student gain a perspective of the overall work site and help the student explore career choices as part of the service learning experience.
- Will designate a qualified person (NOT a family member to the student) to supervise the student’s time, activities, and evaluation.
- Will introduce the student to the appropriate staff and clearly explain the role/ he/she is to assume at the work site so that the student feels comfortable with the placement and can proceed with appropriate independence.
- Will provide assistance on matters for which the student has questions or lacks knowledge.
- Will provide (as appropriate), opportunities for the student to develop and exercise critical thinking and decision making skills.
- Will adhere to all local, state, and federal regulations and implement all safety, health, and working standards in dealing with the student.
- Will immediately report any student injury or illness to the Program Coordinator and/or parent (depending on the situation and the time of the activity) and complete any appropriate accident/illness forms.
- Will contact the Program Coordinator should any problem arise.
- Will permit the Program Coordinator to periodically visit the student at his/her site, observe his/her activities, and discuss his/her performance and experience with the designated Site Coordinator.
- Will understand Licking Valley High School’s affiliation in the relationship between the student and work site terminates at the completion of the student’s enrollment in the Service Program. In any further relationship, the student will be acting as an independent agent.

THE UNDERSIGNED, ALL PARTICIPANTS OF THE SERVICE LEARNING PROGRAM, DO HEREBY AGREE TO COMPLY WITH THE INTENT OF THE ABOVE TERMS AND EXPECTATIONS.

Student _____ Date _____

Site Coordinator _____ Date _____

Agency Name _____

Parent or Guardian _____ Date _____

Emergency Medical

In the event reasonable attempts to contact me at _____ are unsuccessful, I hereby give consent to administrator any treatment deemed necessary by Dr. _____ who can be reached at _____. In the event the designated preferred practitioner is not available, I give permission to transfer my child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained to the performance of such surgery. Facts concerning the child’s medical history including allergies, medications being taken, and any physical impairments to which the physician be alerted:

Parent/Guardian Signature: _____ Date: _____

Licking Valley High School
100 Hainsview Drive NE
Newark, Ohio 43055
(740) 763-3389 * Fax (740) 763-4715

Name: _____ Student ID#: _____

[illegible]

* Site Supervisor cannot be a parent/guardian or other family member of the student.