



## School District of Indian River County Bright Futures Volunteer Service / Paid Work Log



Students must complete the entire form.

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

High School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

**Students must earn either the required volunteer service OR paid work hours, but not a combination of both.**

**In addition to this document, a Reflection form must be completed.**

**The student should keep a copy of all submitted forms.**

<p><b>If you are doing VOLUNTEER hours, the following <u>WILL NOT</u> count.</b></p> <ol style="list-style-type: none"> <li>1. Court-mandated community service</li> <li>2. Family member verified hours</li> <li>3. Participation on a sports team or a performance of any kind unless participation is considered an act of service</li> <li>4. Donations such as Locks of Love</li> </ol> <p>I verify that my volunteer hours do not fall in any of the above categories. Student Signature: _____</p>	<p><b>If you are doing PAID WORK hours, the following <u>WILL NOT</u> count.</b></p> <ol style="list-style-type: none"> <li>1. Work hours verified by a family member.</li> </ol> <p>I verify that my work hours do not fall in the category above. Student Signature: _____</p>
---	--

These hours are: (circle one): **VOLUNTEER SERVICE HOURS**      **PAID WORK**

Date of Activity (Each day must be listed separately.)	Hours Logged	Activity

Name of Agency/Business: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I attest that the above-named student has performed the following volunteer/work hours for a total of \_\_\_\_\_ hours.

Printed Name and Signature of Contact at Agency/Business: \_\_\_\_\_

Office Use Only – To be completed by Staff

Hours Entered by: \_\_\_\_\_ Date: \_\_\_\_\_ Number of Hours Entered: \_\_\_\_\_

The Log Form and Reflection Form were turned in. Yes \_\_\_\_\_ Staff Initials \_\_\_\_\_



**School District of Indian River County  
Bright Futures Volunteer Service / Paid Work  
Reflection Form**



Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

High School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

**Students must earn either the required volunteer service OR paid work hours, but not a combination of both.**

**This document must be turned in with the Log Form.**

**The student should keep a copy of all submitted forms.**

Please describe below what you learned from your service/work experience.


By signing below, I understand that this is not the application for Bright Futures and that students must complete the initial application during their last year of high school. I also understand that volunteer/work hours are only one of the requirements for Bright Futures. To find out more about qualifications I will go to

<https://www.floridastudentfinancialaidsg.org/SAPBFMAIN/SAPBFMAIN>

Students Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Scholarship	Volunteer Hours Required	Work Hours Required
Florida Academic Scholarship (FAS)	100	100
Florida Medallion Scholarship (FMS)	75	100
Gold Seal CAPE (GSC)	30	100
Gold Seal Vocational (GSV)	30	100

Office Use Only – To be completed by Staff