

# Statesville Christian School High School Service Hour Component

## **Requirement:**

Each student is required to complete 15 hours of service. Five of the 15 hours must be for serving the poor or specifically on a mission/evangelism.

Ten of the 15 hours may be satisfied through a summer mission trip immediately prior to the school year or prior to 2<sup>nd</sup> semester during a Christmas Break trip or Winterim trip.

SCS desires that students commit to an organization, ministry, church or specific project to complete the service hours. The desire is to see this as an opportunity not a burden. SCS does not want students doing piecemeal service to complete the hours. SCS believes that building a relationship with one or two organizations is better training for a life of service than the piecemeal approach. Students will be required to select an organization and complete the Service Selection Form within the first 3 weeks of school. That form is due to the Bible Teacher.

## **Grading:**

Students will receive full credit for their service hours upon the completion of the following:

-Service Completion Form(s) signed by a supervisor and received by the day of the semester exam.

-Self- evaluation completed and received by the day of the semester exam.

***The service hours will be 25% of the final course exam. Partial credit may be given.***

## **Service Selection Form**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

List the organization/church/ministry that you will serve.

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

Days and dates you will serve: \_\_\_\_\_

Service activities you will perform during the semester:

\_\_\_\_\_

Hours you plan on serving on this project: \_\_\_\_\_

Name and contact information of your supervisor: \_\_\_\_\_

Supervisor Agreement: I will supervise the above student and verify a completion of service hours once they are completed.

\_\_\_\_\_ (Signature) Date \_\_\_\_\_

Mr. Pestotnik's Approval

\_\_\_\_\_ Date \_\_\_\_\_

**Service Completion Form**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

I have completed \_\_\_\_\_ hours at \_\_\_\_\_ (organization/  
ministry, etc.) during the following dates: \_\_\_\_\_

Supervisor signature:

I verify the above student served the number of hours listed in a satisfactory  
manner.

\_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

Date Received \_\_\_\_\_ -

**Self- Evaluation**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Service performed at \_\_\_\_\_

Write some evaluation of your experience in your service with this organization/ministry. Think of what you learned about service about yourself and any specific memories you had of your service.

Date Received \_\_\_\_\_