# **COMMACK HIGH SCHOOL**

***COMMUNITY SERVICE AND INVOLVEMENT PROGRAM***

**VALIDATION FORM**

***This form is for validating BOTH in-school activities (athletic teams, clubs, marching band, etc.) AND service activities outside of and not connected to CHS. Please submit ONE Validation Form for ALL ACTIVITIES or Community Service involvement.***

**LAST NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL CSIP POINTS:**

 ***(from all pages)***

*CURRENT YEAR: 20\_\_\_\_\_\_\_*

*CIRCLE* ***CURRENT*** *GRADE LEVEL***:** *9 10 11 12*

**DATE \_\_  *PHYSICAL EDUCATION TEACHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 **Commack High School Athletics** \_\_\_\_\_\_*Total Points(5pts/season)*

**\*\*\*Captain of an athletic team= +2pts**

|  |  |  |  |
| --- | --- | --- | --- |
| Football [ ] JV [ ]  Varsity [ ] Captain  | Soccer [ ] JV [ ] Varsity[ ] Boys [ ] Girls [ ] Captain  | Basketball[ ] JV [ ] Varsity[ ] Boys [ ] Girls [ ] Captain  | Softball[ ] JV [ ] Varsity [ ] Captain   |
| Cheerleading[ ] JV [ ] Varsity [ ] Captain | Tennis [ ] JV [ ] Varsity [ ] Captain [ ] Boys [ ] Girls | Fencing[ ] Boys [ ] Girls [ ] Captain | Badminton[ ] Boys [ ] Girls [ ] Captain  |
| Volleyball[ ] JV [ ] Varsity [ ] Captain[ ] Boys [ ] Girls | Gymnastics[ ] JV [ ] Varsity [ ] Captain | Bowling[ ] Boys [ ] Girls [ ] Captain | Baseball[ ] JV [ ] Varsity [ ] Captain  |
| Field Hockey[ ] JV [ ] Varsity [ ] Captain | Cougarettes[ ] JV [ ] Varsity | Wrestling[ ] JV [ ] Varsity | Lacrosse[ ] JV [ ] Varsity [ ] Captain[ ] Boys [ ] Girls |
| X Country[ ] JV [ ] Varsity [ ] Captain[ ] Boys [ ] Girls | Golf[ ] JV [ ] Varsity [ ] Captain[ ] Boys [ ] Girls | Winter Track[ ] JV [ ] Varsity [ ] Boys [ ] Girls [ ] Captain | Spring Track[ ] JV [ ] Varsity [ ] Captain[ ] Boys [ ] Girls |
| Other: |  | Other: | Other: |
| FALL SEASON:Coach Signature\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | WINTER SEASON:Coach Signature\_\_\_\_\_\_\_\_\_\_\_\_ | SPRING SEASON:Coach Signature\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***INTRAMURAL ATHLETICS:***  *Students**involved in intramural athletics outside of Commack High School such as, but not limited to: Commack Ice Hockey, Commack Roller Hockey, Commack Soccer League, or Christ the King Basketball, etc. Students can receive a* ***maximum of 2 points per team per year*** *total for their involvement in intramural athletics****. Involvement in more than two teams will not result in additional points.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***\_\_\_\_\_\_\_\_\_\_\_\_***

 ***(Sport) (Name of League) (Name of Coach) (Signature of Coach) (Phone Number)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***\_\_\_\_\_\_\_\_\_\_\_\_***

 ***(Sport) (Name of League) (Name of Coach) (Signature of Coach) (Phone Number)***

**CHS CLUBS/honor societies/marching band**

*You may consult the CHS Clubs and Activities list on* [*http://www.commack.k12.ny.us/chs/pubs/parentstudent\_handbook.htm#\_Toc303098459*](http://www.commack.k12.ny.us/chs/pubs/parentstudent_handbook.htm#_Toc303098459) *for a list of approved activities. Clubs and Honor Societies are 5 points, GSLC and BSLC are 7 points, and Marching Band can earn you a total of 15 points if you fulfill all of your requirements. Failure to meet the club’s obligations will result in* ***ZERO CSIP CREDITS.*** ***Your fulfillment of club obligations is evaluated by the adviser.***

*Specific Activity*

Ex.: *Sophomore Class Executive Board* *Name of Adviser Signature of Adviser Total Points*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_*

***If you are a club officer, or hold a specific position, please indicate your title here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***Adviser must initial here: \_\_\_\_\_\_ Club Officers add 2 points here:\_\_\_\_\_\_\_\_\_***

*Specific Activity*  *Name of Adviser Signature of Adviser Total Points*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_*

***If you are a club officer, or hold a specific position, please indicate your title here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***Advisor must initial here: \_\_\_\_\_\_ Club Officers add 2 points here:\_\_\_\_\_\_\_\_\_***

*Specific Activity*  *Name of Adviser Signature of Adviser Total Points*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_*

***If you are a club officer, or hold a specific position, please indicate your title here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***Adviser must initial here: \_\_\_\_\_\_ Club Officers add 2 points here:\_\_\_\_\_\_\_\_\_***

**COMMUNITY SERVICE ACTIVITIES**

**LAST NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL CSIP POINTS:\_\_\_\_\_\_**

 **(from both pages)**

*PLEASE CIRCLE* ***GRADE*** *9 10 11 12*

**DATE \_\_  *PHYSICAL EDUCATION TEACHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**COMMACK HIGH SCHOOL SERVICE ACTIVITIES**

**SERVICE ACTIVITIES INSIDE OF COMMACK HIGH SCHOOL: *The following preapproved activities affiliated with Commack High School can earn students community service credit. These activities will award you one CSIP point per hour worked. These activities include A.V.I.D., Challenge Day, In the Spotlight, Senior Show, and Special Olympics –* All 5K runs are awarded 2 pts*))***

**In order for the student to receive proper credit, please provide all requested information.**

 **STUDENT AIDE POSITIONS**

*Period (1-9):\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_*

 *Name of Supervisor Signature of Supervisor Odd/Even/All Fall/Spring/Both* ***Points***

*Period (1-9):\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_*

 *Name of Supervisor Signature of Supervisor Odd/Even/All Fall/Spring/Both* ***Points***

***POINTS AWARDED: Every day, one perio,one semester = 5 pts. per semester Every day, one period, two semesters = 10 pts. per year***

 ***Alternate days, one period, one semester = 3 pts. per semester Alternate days, one period, two semesters = 6 pts. per year***

**BRIEF DESCRIPTION OF ACTIVITY (*MUST BE CLEAR AND CONCISE*):**

**1. NAME (Adult Supervisor of Activity):**

**TITLE: TELEPHONE #:**

**NAME OF ACTIVITY: DATES, TIMES OF INVOLVEMENT: TOTAL HOURS:**

**SIGNATURE: \_\_\_\_\_\_\_\_\_ DATE:**

**2. NAME (Adult Supervisor of Activity):**

**TITLE: TELEPHONE #:**

**NAME OF ACTIVITY: DATES, TIMES OF INVOLVEMENT: TOTAL HOURS:**

**SIGNATURE: \_\_\_\_\_\_\_\_\_ DATE:**

**OUTSIDE COMMACK HIGH SCHOOL SERVICE ACTIVITIES**

**SERVICE ACTIVITIES OUTSIDE OF COMMACK HIGH SCHOOL:** *If you volunteer for more than two* ***not-for-profit*** *organizations outside Commack High School, please attach a second form, and fill out your information in the appropriate areas.* ***DO NOT*** *fill out community service information from outside Commack High School anywhere other than the area below.)*

**In order for the student to receive proper credit, please provide all requested information.**

**1. NAME OF ORGANIZATION:**

**NAME (Adult Supervisor of Sponsoring Organization): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TITLE: TELEPHONE #:**

**DESCRIPTION OF ACTIVITY (MUST BE CLEAR AND CONCISE):** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**DATES, TIMES OF SERVICE: TOTAL HOURS:**

**SIGNATURE: \_\_\_\_\_\_\_\_\_ DATE:**

**2. NAME OF ORGANIZATION:**

**NAME (Adult Supervisor of Sponsoring Organization): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TITLE: TELEPHONE #:**

**DESCRIPTION OF ACTIVITY (MUST BE CLEAR AND CONCISE):** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**DATES, TIMES OF SERVICE: TOTAL HOURS:**

**SIGNATURE: \_\_\_\_\_\_\_\_\_ DATE:**