Charlotte Wood Middle School

***Super Charger Activity Form 2021/22***

600 El Capitan Drive ~ Danville, CA 94526 ~ 925-855-4400 email : superchargers@charlottewoodpta.org

**~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~**

**STUDENT INFORMATION**

**COMPLETE ALL INFORMATION AND RETURN TO ATTENDANCE WINDOW WITHIN 1 MONTH OF COMPLETION**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: 6 7 8

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~**

**ACTIVITY INFORMATION**

Date(s) of Service (mm/dd/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service performed for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Name of the event and organization, ie John Baldwin Movie Night or Contra Costa Food Bank)**

Total time of service provided: \_\_\_\_\_\_\_\_ HOURS \_\_\_\_\_\_\_\_ MINUTES (15, 30, 45)

**(Maximum of 8 hours per day, PRINT CLEARLY)**

**Type of Service: \*\* counts toward your required 60% greater community service hours**

**Greater Community Service \*\* Local Community Service\*\* Individual Service:**

(outside San Ramon Valley) – **10pts/hr** (benefitting the larger community) – **8pts/hr**  (at home or benefitting individuals) – **8pts/hr**

8hr/yr max

**Must be volunteer work outside SRV & home Must be volunteer work outside of your home**

 Food Bank (stocking/sorting, etc)

 Animal Shelter

 East Bay Volunteer Youth Project

 Environmental Organization

 Homeless Shelter

 Senior Center (may be local)

 Soup Kitchen











 School Wide Event (book fair, carnival…)

 Registration

 Community Event

 Church Helper

 Vacation Bible Study

 Community Library

 Charity Performance (max 3hrs/trimester)

 Other Local Non Profits

 Summer School Aide

 Camp Helper

 Sports Organization (not your own team)

 Raise Money for Charity (include receipt)

 In Home Charity Work

 Tutoring

 Teacher Helper

 Hair Donation

 Animal Rescue (in home foster)

 Party Help (Neighborhood/Friends)

 Babysitting (No payment received)

 House/Pet Sitting (max 3 hrs/trimester)









Nature of Service (describe what you did)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~**

**BENEFICIARY INFORMATION**

**I confirm that the above service was provided for the time stated, and that no compensation was received by the volunteer for their services.**

**Reminder: Points cannot be earned for organizations where service recognition is received (i.e. National Charity League, Scouts, or religious program commitments) nor may volunteer services be performed for immediate family (i.e. parents, grandparents, aunts, uncles, cousins, siblings).**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

**Please Print Clearly**

Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and/or Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

**~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~Questions: superchargers@charlottewoodpta.org**