



**RCHS Kids Community Service Application  
TO BE FILLED OUT BY STUDENT**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Where did you hear about the KCS program? \_\_\_\_\_

Are you doing KCS to fulfill a requirement? If so for what organization? \_\_\_\_\_

How many hours are you required to complete? \_\_\_\_\_

Please write a brief essay explaining your reasons for wanting to participate in KCS \_\_\_\_\_

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Middle School students can volunteer either Tuesday or Thursday afternoons, please check the day you would prefer to volunteer: Tuesday  Thursday  Either

**For office use:**

Date received \_\_\_\_\_ Level I or II Session Start \_\_\_\_\_

Contact \_\_\_\_\_

Session: 1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_ 4: \_\_\_\_\_ 5: \_\_\_\_\_ 6: \_\_\_\_\_ 7: \_\_\_\_\_ 8: \_\_\_\_\_ 9: \_\_\_\_\_

**\*\*Please mail, fax or deliver forms in person to 389 Requeza Street, Encinitas, CA 92024  
Phone: 760-753-6413 Fax: 760-753-6664 email: education@rchumanesociety.org**