

KENNEBEC VALLEY COMMUNITY COLLEGE

Policy #:
2.43

Effective:
06/22/12

Replaces:
05/01/07

CREDIT FOR SERVICE

The purpose of the Credit for Service volunteer program is to assist students and members of the community with tuition waivers and to promote volunteerism. The applicant(s) must complete 90 hours of volunteer service on the KVCC campus and tuition only for a 3-credit course will be applied in a subsequent semester.

Criteria:

Student/applicant must be in good academic standing (maintain a 2.0 GPA or higher). This is not applicable to new students or community members.

Guidelines:

1. The student/applicant must complete the Volunteer Application form (Attachment A), signed by the immediate supervisor and the Business Office and returned to the Volunteer Coordinator, Room 123 Carter Hall.
2. The student/applicant must check with the Financial Aid Office to see if the reward of free tuition for volunteer service may impact the eligibility of financial aid being received (if applicable).
3. The student/applicant must report hours worked on the 'Report of Volunteer Hours' form each week (Attachment B). Upon completion of (90) ninety hours, the volunteer and the supervisor must sign the form and send it to the Volunteer Program Coordinator. Upon verification of hours, the completed form will be sent to the Business Office for processing.
4. The volunteer must complete the 90 hours for the 3-credit tuition to be processed. If the volunteer chooses not to finish the assigned work, or the immediate supervisor wishes to terminate the position, no tuition waiver will be issued.
5. At the completion of (90) ninety hours, if the volunteer and the immediate supervisor wish to continue in the program, a new application must be approved and a new report of hours must be started.

There is a 2-course per semester limit, with a 3-course life-time limit per applicant. There are 10 volunteer positions available each semester, with a first come - first served process for the College departments and programs. By the third week of the semester, a department/program may apply for and be granted a second volunteer position (if available).

POLICY 2.43 - ATTACHMENT A:

VOLUNTEER APPLICATION

NAME: _____

ADDRESS: _____

TELEPHONE #: _____ SSN: _____

POSITION REQUESTED: _____

CURRENTLY ENROLLED AT KVCC? Yes ___ No ___ If so, Program? _____

EDUCATION

Please list Diplomas or Degrees Completed:

WORK EXPERIENCE

Please list past work experience, including employer name, and a brief description of responsibilities. Attach a resume if available. Please write on back if more room is required.

REFERENCES

Please list names, addresses, and telephone numbers of at least three (3) individuals:

WORK AVAILABILITY

Monday _____ Time _____ to _____ Tuesday _____ Time _____ to _____

Wednesday _____ Time _____ to _____ Thursday _____ Time _____ to _____

Friday _____ Time _____ to _____ Saturday _____ Time _____ to _____

I agree that in exchange for ninety (90) hours of volunteer work at Kennebec Valley Community College, I may be awarded a scholarship equivalent to three (3) KVCC credit hours. I fully understand that in order to receive this scholarship, I must complete the ninety (90) hours.

I understand that the work performed in my position as a volunteer may be of a confidential nature, and I agree to treat in such a manner.

I understand there will be a two week probationary period if I am selected for a position, and I choose to accept it.

Applicant's Signature _____ Date: _____

Supervisor's Signature _____ Date: _____

Business Office Signature: _____ Date: _____

Volunteer Coordinator's Signature _____ Date: _____

Account to be charged _____ Date Paid: _____

POLICY 2.43 - ATTACHMENT B:

REPORT OF VOLUNTEER HOURS

Name: _____ SSN: _____

Department: _____

Mon	Tue	Wed	Thu	Fri	Sat	Total	Week Ending	Approval

Mon	Tue	Wed	Thu	Fri	Sat	Total	Week Ending	Approval

Mon	Tue	Wed	Thu	Fri	Sat	Total	Week Ending	Approval

Volunteer Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Account Number: _____ Date Filed: _____ Date Paid: _____

UPON COMPLETION OF NINETY (90) HOURS, THIS FORM MUST BE RETURNED TO MICHELLE GAYNE, PROGRAM COORDINATOR, FOR THE PROCESSING OF A (3)THREE CREDIT TUITION.