

Community Service Learning Community Partner Application for Local and State Board Approval


School District Information

- Name of the School District Initiating this application: **Vilonia Public Schools**
- Name of the district/school licensed faculty supervisor(s) with whom non-profit/community organizations will be working: **Vilonia Public Schools-Erin Rappold**

Community Partner Information

- Name of non-profit/ community organization: **Mt. Vernon Baptist church**
- Name of Director/ Contact Person: **David McFerron**
- Address: **5 Garland Springs road Mt. Vernon, AR 72111**
- Phone Number: **501-849-2727**
- Email Address: **david@mountvernonbaptist.net**
- Hours of operation: **Every other Wednesday**
- What is the mission of the non-profit/community organization? **Scripture tells us that there is a road that leads to life. This road is through Christ. We at Mount Vernon Baptist Church are journeying down that road together. We are helping one another to help others begin this journey.**
- What service(s) does the non-profit/community organization provide? **Sunday morning church services, Wednesday evening church services, food pantry, community service projects, missionary work.**
- Please describe the volunteer activities students will participate in at the non-profit/community organization and how those activities may connect to curriculum learning goals. **Students will be able to interact with young children and teach them proper social skills during their meal time. The students will also help clean up, stack chairs/tables and other duties needed for cleaning up. Also, students will help with making copies/creating student activities for small groups. This service project will enable the students to become more responsible and learn crucial skills that will benefit the students in the work force as well as everyday life. We look forward to this partnership and allowing the students to serve others.**
- The Act 648 implementation guide requires "precautions, policies, and procedures" in place to ensure the safety of students volunteers. How will this non-profit/community organization ensure students safety? **Students will be paired with an established adult who has a current, clean background check. The director will do frequent check-ins with the students to ensure the students is comfortable in the environment and safe.**
- List any special considerations of the non-profit/community organization. **We don't discriminate on the basis of the Civil Rights ACT of 1964**

Local School Board approval of this site as a district partner



Signature of school board president

10-10-22

Date of meeting at which site was approved

Email or mail completed application and this form to:

Jeffrey Davidson
Program Advisor for Social Studies
Office of Learning Services
Division of Elementary and Secondary Education
Email: Jeffrey.Davidson@ade.Arkansas.gov
Four Capitol Mall
Mail Slot #15
Little Rock, Arkansas 72201

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Community Partner Information

- Name of non-profit/ community organization: **City of Vilonia**
- Name of Director/ Contact Person: **Preston Scroggins, Mayor of Vilonia**
- Address: **18 Bise Drive, Vilonia, AR 72173**
- Phone Number: **501-796-2534**
- Email Address: **Cityhall@cityofvilonia.org**
- Hours of operation: **8:00-5:00pm M-F**
- What is the mission of the non-profit/community organization? **To better the community of Vilonia.**
- What service(s) does the non-profit/community organization provide? **Work alongside the city/government employees during community events, work activities, job shadowing, and other activities put on by the City of Vilonia.**
- Please describe the volunteer activities students will participate in at the non-profit/community organization and how those activities may connect to curriculum learning goals. **By Signing off on this document you will grant Vilonia High School EAST the capability to assist any non-profit organization in the city of Vilonia. Students will work to plan, act and reflect on their community service projects.**
- The Act 648 implementation guide requires "precautions, policies, and procedures" in place to ensure the safety of student volunteers. How will this non-profit/community organization ensure student safety? **Students must have a supervising adult sign off on the tasks being done, as a promise of supervision to the facilitators.**
- List any special considerations of the non-profit/community organization. **We don't discriminate on the basis of the Civil Rights act of 1964**

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Community Partner Information

- Name of non-profit/ community organization: **Veterans Museum**
- Name of Director/ Contact Person: **Linda Hicks**
- Address: **53 N Mt Olive Vilonia AR**
- Phone Number: **501-796-4572**
- Email Address: **linhicks_old@windstream.net**
- Hours of operation: **friday and saturday 9AM-3PM**
- What is the mission of the non-profit/community organization? **It incorporates veterans as much as possible into the daily operational process of the museum.**
- What service(s) does the non-profit/community organization provide? **High school students are involved in a project to help with the recording and preservation of veterans' individual history pieces to be kept at the museum and available for review by both current and future generations.**
- Please describe the volunteer activities students will participate in at the non-profit/community organization and how those activities may connect to curriculum learning goals. **Students will be working alongside veterans and organizing events for the museum. This provides students with responsibility and it helps them learn about veterans and our country's history.**
- The Act 648 implementation guide requires "precautions, policies, and procedures" in place to ensure the safety of student volunteers. How will this non-profit/community organization ensure student safety? **Students must have a supervising adult sign off on the task being done, as a promise of supervision to the facilitators.**
- List any special considerations of the non-profit/community organization. **N/A**

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Community Partner Information

- Name of non-profit/ community organization: **Special Olympics Arkansas**
- Name of Director/ Contact Person: **Jennifer Edwards**
- Address: **North Little Rock, AR 72114**
- Phone Number: **501-940-0696**
- Email Address: **jenifer@specialolympicsarkansas.org**
- Hours of operation: **8am - 5pm**
- What is the mission of the non-profit/community organization? **To help special needs students feel included and valued while helping them have sports competitions.**
- What service(s) does the non-profit/community organization provide? **Work alongside others during community events, activities, and other peer athletic events.**
- Please describe the volunteer activities students will participate in at the non-profit/community organization and how those activities may connect to curriculum learning goals. **By leadership, reading dates, times of events and the expectations for the students. Students will work to plan, act and reflect on their community service projects.**
- The Act 648 implementation guide requires "precautions, policies, and procedures" in place to ensure the safety of student volunteers. How will this non-profit/community organization ensure student safety? **Students must have a supervising adult sign off on the tasks being done, as a promise of supervision to the facilitators.**
- List any special considerations of the non-profit/community organization. **This program is not only a local level program but a nationally recognized program with over 1 million athletes and partners.**

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