



Community/Volunteer Service Form

Total number of hours worked : _____ Student Name: _____

Department or Organization where work was performed:

Name of Supervisor:

(please print)

Address: _____

Phone: _____

Description of work done: _____

I hereby acknowledge that the work as described above has been satisfactorily and fully completed and that no monetary compensation was paid .

Name: _____

Title: _____

Supervisor (please print)

Supervisor's Signature

Date

Student's Sgnature

Date

Return form to:

Mrs. Hannold – Main Office

Mrs. Mosteller, Assistant Principal/Graduation Project Coordinator