

PLEASE RETURN FORM TO MS/HS OFFICE FOR APPROVAL

Student Name:

Graduation Year:

Title of Organization (Where Doing Community Service):

Proposed Date(s) of Service/ Times:

TOTAL Proposed HOURS:

Describe in detail your proposed community service: what is your activity, where will it be done, how will it benefit someone else, how does it meet the guidelines, etc.

Student's Verification Signature: _____ **Date:** _____

Parent/Guardian's Signature: _____ **Date:** _____

Administrator's Signature: _____ **Date:** _____

(Administrator signature signifies activity is pre-approved and proposal is OK)

Contact Person Information:

Name (print): _____ Signature: _____

I hereby verify the TOTAL hours of service listed above

Phone Number:

Email:

Date Signed:

Community Service is an action, performance, a "hands on" activity by an individual without compensation or academic credit, whose effort will directly benefit others. Participation or membership in an extra-curricular club or organization does not constitute community service (i.e., meetings or rehearsals).

PLEASE keep a copy for your records.

Completed forms must be returned to the MS/HS Office to receive credit.

FOR OFFICE USE ONLY

Date Reviewed:

Approved:

Denied: