

**SECTION 1: to be completed
BEFORE community Service is performed**

Name of Student: _____ Date of event: _____

Name of **Non Profit** Organization: _____

Contact information of Non-Profit Agency (phone/e-mail) _____ / _____

Short Description of Community Service to be performed

Signature of Student: _____

Signature of Parent: _____

ADVANCE APPROVAL:



Lynne Mongon (Guidance Office)

Date: _____

Section 2: To be completed

AFTER community service has been performed.

Hand into Guidance office upon completion of both sections.

Community Service hours completed:

Signature of Site Supervisor:



(to be completed AFTER service is performed)