Westlake High School  
Mt. Pleasant Central School District

825 West Lake Drive  
Thornwood, NY 10594  
Telephone: (914) 769-8311  
Fax: (914) 747-3074  

Mr. Keith Schenker  
Principal  
Email: kschenker@mtplcsd.org

Mr. Daniel Novak  
Assistant Principal  
Email: dnovak@mtplcsd.org

Dear Sponsor:

As Coordinator of the School/Community Service Program, I wish to thank you for the support, encouragement, assistance, and effort given to the student who has volunteered time under your sponsorship. I am hoping that this student has been of service to you, and that you have received as much from this young adult as you have given.

In order for this student to receive recognition for hours served, it is necessary for you to fill out the information below. If you have any questions, comments, or pertinent information you would like to share with me, please feel free to contact me at (914) 769-8311 from 8:00 a.m. to 2:45 p.m. or email Mrs. DeSousa at ndesousa@mtplcsd.org.

Again, many thanks. Please return this form to me as soon as possible c/o Westlake High School, 825 West Lake Drive, Thornwood, NY 10594 or give back to your student volunteer, who, in turn, will return it to me.

Sincerely,

Daniel Novak  
Mr. Daniel Novak  
Assistant Principal

(Please print clearly - complete entire form)

Student Name ____________________________________________________ CIRCLE Current Grade: 9  10  11  12

Organization with which service rendered (if applicable) ________________________________________________________________

Brief Description of Service: ____________________________________________________________________________________

__________________________________________________________________________________________

START Date ______/_____/______  END Date ______/_____/______  # of Service Hours ______________________________

EVALUATION OF SERVICE RENDERED: ________________________________________________________________

__________________________________________________________________________________________

SPONSOR’S NAME __________________________________________________________ CONTACT PHONE NO. _______________________

(Print in full)

SPONSOR’S SIGNATURE ___________________________________________ Dated ______/_____/______

Office Use Only - School/Community Service Coordinator to check and sign for approval.

____________________ Community Service Coordinator Signature ______________________ Date and Time of Approval