

# 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. Kenneth Amann  
Assistant Principal  
Email: kamann@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 trust 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, please feel free to contact me at (914) 769-8311 from 8:00 a.m. to 2:45 p.m.

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,

*Kenneth Amann*

Mr. Kenneth Amann  
Assistant Principal

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(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