Community Service activities must meet the following guidelines:
- It must be something that benefits others;
- It must be something that you are not required to do by someone else;
- It must be an activity for which you are not paid or otherwise given credit;
- The individual or organization may not benefit monetarily from your service.

**Community service activities must be pre-approved.** Make contact with the agency or individual, fill out this form, and then get approved by the counselor, the assistant principal, or the principal.

---

**Do this part FIRST!**

<table>
<thead>
<tr>
<th>LAST name (print)</th>
<th>FIRST name (print)</th>
<th>Grade</th>
<th>Graduation Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student #</th>
<th>Cell Phone Number</th>
<th>Home Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of agency or individual to receive service:

Contact person: Phone:

Brief description of service to be performed. If it is a long-term project, please submit a time log at the end of the project.

Service will be performed on (approximated dates):

Approximate number of hours of Community Service for this agency:

Service activity approved: (Counselor, Assistant Principal or Principal)

---

**Turn completed form in at the end of your service**

This section is to be completed by the individual or director of the agency, etc. for whom the service was performed.

Student completed _____ hours of community service on the following dates (or during the following time period):

Name Title Date

Signature

OFFICE USE:
Service verified by: Recorded in computer: