

Winthrop High School – Community Service Hours

Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_

GUIDANCE Approval for Service: \_\_\_\_\_  
Initials Date

Location at which the Community Service will be completed: \_\_\_\_\_  
\_\_\_\_\_

Name of the Community Service Supervisor: \_\_\_\_\_

Telephone Number of the Community Service Supervisor: \_\_\_\_\_

I agree to supervise, guide, and evaluate the above-named student in the completion of his/her Community Service Project.

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to complete the above-described Community Service project. I intend to work to the best of my ability to complete the project as outlined.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor when community service has been completed: \_\_\_\_\_

Date: \_\_\_\_\_

NUMBER OF COMMUNITY SERVICE HOURS COMPLETED: \_\_\_\_\_

The above named student has completed a Community Service Project for the number of hours Indicated.

Signature of School Guidance: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE SUBMIT AFTER THE 15 HOURS OF COMMUNITY SERVICE HAVE BEEN COMPLETED

Student has completed all community service hours required for graduation:

\_\_\_\_\_