

Winthrop High School

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

Student's Name \_\_\_\_\_ Mentor Room \_\_\_\_\_

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 \_\_\_\_\_

- I have read the proposal that my child has outlined to be completed for community service. Further, I have reviewed the guidelines for community Service as outlined in the Winthrop High School handbook. I am aware that my child may need to transport himself/herself to a location off school property at hours outside the schedule of the regular school day, and I and my child absolve Winthrop High School, the Town of Winthrop and any and all school and municipal officials from any liability.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

- The proposal as outlined above meets the guidelines of Winthrop High School's Community Service Program as adopted by the Winthrop School Committee on April 7, 2011.

Signature of School Official \_\_\_\_\_ Date \_\_\_\_\_

- The above-named student has completed a Community Service Project for the number of hours indicated. Please DO NOT sign below until the student has fulfilled all of the community service hours.

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

Number of Community Service hour's completed \_\_\_\_\_

**SUBMIT ONLY AFTER THE 15 HOURS OF COMMUNITY SERVICE HAVE BEEN COMPLETED**

