

HRHS Community Service Form

Name of Student: _____ Class of: _____

Dates(s) of Service: _____

Location/Sponsoring Agency: _____

Nature of Service: _____

Contact Person: Please complete and sign. (You cannot be a family member.)

*I, _____ verify that _____ hours of
Community Service has been completed by the student as described above.*

Signature

Telephone

Date

Approved by: _____ (HRHS Community Service Coordinator)

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