



COMMUNITY SERVICE



COMMUNITY SERVICE APPLICATION

Name: _____ Year of Graduation: _____ Counselor: _____

Date application given to counselor: _____

Please consult the suggested list of agencies included with this form to set up community service hours. If there is a telephone number listed, please call before going.

Site Supervisor's Name: _____ Telephone #: _____

Site Supervisor's address: _____

CHECK ONE: ☐ School activity _____
☐ Non-School activity _____

Date your service began: _____ Date your service ended: _____

Total Hours: _____ 50 hours = 1 credit ** This credit is mandatory for graduation.

Please give a brief description of service provided:

By signing this form you certify that the hours:
❖ Were completed for no pay
❖ Were done at a non-profit agency/organization
❖ Were not supervised by a relative

Student's signature: _____ Date: _____

Supervisor's signature: _____ Telephone #: _____

SERVICE LEARNING TIME SHEET

JAMES HILLHOUSE HIGH SCHOOL

Name: _____

Home Phone: _____

Home address: _____

Site/Project name: _____

[illegible]