

JHS Community Service Form

Student Name: _____ Grade: _____

Date(s) of Service: _____ Total Hours Requesting: _____

Name of a Stark County improvement organization or a pre-approved organization by the administration:

What will you do for service?

Where will this take place? (Location and Address)

Signature of the Member of the Volunteer organization who agrees to the community service hours:

Print(First and Last Name)

Signature

Contact information for the member of the volunteer organization who agrees to the community service hours:

Phone number:(_____)_____ - _____ Email: _____

Supervisor/Guidance Counselor's signature: _____

Website for the organization if available: _____

Students pursuing the Community Service seal will track their own hours and obtain their own signatures.