

# 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: \_\_\_\_\_

Website for the organization if available: \_\_\_\_\_

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