

DEADLINE ~ APRIL 1st of your Graduation Year ~ DEADLINE

10 HOURS ~ SERVICE FORM ~ 10 HOURS

Volunteer / Community Service Documentation

Name: _____ Year of Graduation _____

COMMUNITY SERVICE CONTACT INFORMATION

PLACE OF COMMUNITY SERVICE: _____

ADDRESS: _____

PRINTED NAME OF SUPERVISOR: _____

TITLE / POSITION OF SUPERVISOR: _____

PHONE OR E-MAIL OF SUPERVISOR: _____

DATE(S) OF VOLUNTEERING: *Example ~ 03MAR15 (4 HRS) ~ Example*

If attaching time / date sheet, please have supervisor sign the sheet as well.

TOTAL NUMBER OF HOURS YOU VOLUNTEERED FOR THIS ACTIVITY: _____

Signature of Event Supervisor

STUDENT RESPONSIBILITIES

As the participating student in the community service requirement, you agree to complete the following:

- Complete 10 hours of community service by 01APRY (YY=YEAR OF GRADUATION)
- Complete these required hours outside of the regular school day, unless approved as part of a formal school activity.
- Secure all necessary signatures and complete required paper work.
- You may turn in forms for any amount of hours during the current school year to Herr McLaughlin (Room 289).

PARENT RESPONSIBILITIES

As a parent/guardian of the above student, I agree to the following:

- Verify that student has performed the above service and number of hours.
- Verify that all Community Hours Forms are completed and have both student & parent signatures.
- Provide student with transportation to and from service, if necessary.



I have read the above responsibilities and agree to participate in the program as described.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

I submitted my service hours on _____ (date & initial) to Mr. McLaughlin (RM289)

OFFICIAL USE ONLY (form updated 25AUG16)

DATED ADDED TO INBOX: _____

POSTED IN COMPUTER BY: _____

Date: _____

COMMUNITY SERVICE QUESTIONNAIRE

COMMUNITY SERVICE FORM

(MUST BE FILLED OUT EACH TIME YOU COMPLETE DIFFERENT SERVICE)

Student Name: _____

Current Grade: _____

Year of Graduation: _____

Please answer the following questions/statements regarding your community service experience. This portion of the form **MUST** be completed for each different activity/service in order to receive credit for your service learning requirements.

Description of the service you provided or the work you performed:

During the Community Service I was surprised to learn:

What do you consider to be the most rewarding part of this experience and why?

APPEAL FORM ~ CARE DOCUMENTATION

Volunteer / Community Service

Name: _____ Year of Graduation _____

CHECK ALL THAT APPLY:

- _____ 1) Requesting an audit of the above mentioned student's community service hours.
- _____ 2) Gave Mr. McLaughlin the hours in Room 289 on _____. (approx. date)
- _____ 3) I don't know how many hours the above mentioned student has completed at this time.
- _____ 4) OTHER: _____

The following information can be helpful in clearing up this misunderstanding:

Date of Appeal: _____

Parent/Guardian/Student requesting appeal: _____
(please print, if student just circle student)

Once evaluation of the appeal has been completed, how would you like to be notified?

CHECK ALL THAT APPLY:

- _____ 1) Student's _____@trinityhillers.net' account
- _____ 2) E-Mail provided to the right: _____
- _____ 3) Student will come see Mr. McLaughlin in homeroom in a few days to learn outcome.
- _____ 4) Other: _____

Signature: _____

~ OFFICIAL USE ONLY BELOW THIS AREA ~

Appeal Result:

DATE OF APPEAL RESULT: _____

DATE OF NOTIFICATION OF RESULT: _____ by _____

We regret any inconvenience to you, if the mistake was found to be ours. We appreciate your service and thank you for your patience. ~ Mr. John D. McLaughlin