

EHS Community Service Form

Use a separate form for each supervisor verifying your community service. Turn in your form to Mr. Ward's room (D229) or to the office front desk.

Print:

Last Name	First Name	Graduation Year
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Hours Worked (to nearest ½ hour): _____

Location of service _____

Date(s) service was performed: _____

Description of service: _____

Contact Person: _____

Phone Number of Contact: _____

I verify that this service form is accurate.

<i>Student Signature</i>	Date
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Parent Signature	Date
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