

Lincoln-Way Community High School District 210 Community Service Form

Student Name: _____ ID #: _____

Name of the Organization where service is to be done:

Name of supervisor: _____

Supervisor's Phone Number to confirm activity: (____) _____

Date(s) of service: _____

Briefly describe service to be completed:

Choose one:

Project was already pre-approved by posting in the school.

Project needs to be pre-approved. Pre-approved by: _____ Date: _____

Signature of Associate Principal

VERIFICATION OF COMPLETED SERVICE

The above student has completed _____ hours of community service at the above site on _____.
Date(s)

Site/Organization Supervisor's Signature: _____ Date: _____

I, the above student, verify that the information on this form is correct and I have completed the hours documented above. I verify that all the community service requirements have been met for this activity. I understand that if any information is found to be incorrect, the hours may not be counted towards the graduation requirement.

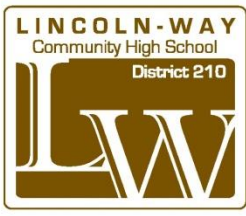
Student signature: _____ Date: _____

I, the parent or legal guardian of the above student, verify that the information on this form is correct. I understand that if any information is found to be incorrect, the hours may not be counted towards the graduation requirement.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian daytime phone number: _____

Student needs to complete reflection on the back of this form



Lincoln-Way Community High School District 210

Community Service Reflection

As part of your community service requirement, you are expected to reflect on your experience. In the space below, respond to the following questions regarding your community service contribution.

1. Summarize your community service experience. What did you do?

2. What was the value in doing this service for you and/or the organization?