

Tuscarawas Valley High School
Community Service Requirement
Form B
(one-time only service)

Student's Name: _____

Date: _____

Part I—Community Service Activity Information (Completed *BEFORE* community service)

Non-Profit Organization: _____

Supervisor's Name: _____

Community Service Activity: _____

Date of your Community Service Project: _____

Approximate number of hours to be completed _____ hrs.

School Counselor Approval (must be approved *BEFORE* service can take place)

_____ The Community Service Project described above fits within the guidelines of the TVHS community service.

Principal/School Counselor's Signature

Part II (Completed *AFTER* community service; backside of this form is considered to be included in this part)

Student Agreement:

I have completed my Community Service Project as stated above. I have acquired the number of hours listed above and I understand that these hours for Community Service are awarded for successful completion of this project.

Student's Signature

Parent Agreement:

I certify that my son/daughter has completed the Community Service Project as outlined above.

Parent's/Guardian's Signature

Non-Profit Organization Supervisor's Agreement:

I verify that the above Tuscarawas Valley High School student has successfully completed the Community Service Project as stated above and has acquired _____ hours towards his/her graduation requirements.

Supervisor's Signature

Part II (Complete this section for each community service)

Explain the purpose (mission statement) of the organization you served:

How did (or will) your work benefit the community?

Reflect on how you felt about your service and yourself:

Your Signature: _____

Date Submitted: _____

Original Blue Copy—Guidance Office

White Copy—Student (must make copy in Guidance)