

APPLICATION FOR COMMUNITY SERVICE AND VOLUNTEER CREDITS

Student Name: _____ Grade: _____

Parent's Name: _____

Address: _____ Phone: _____

Service for which credit is being requested: _____

Place of Service: _____

Name of Supervisor: _____

Date service began: _____ Date service ended: _____

Average hours per week worked: _____ Number of weeks: _____

Did Student complete service? _____ Attend consistently? _____

Mention special performances, activities, or extra projects if applicable: _____

Supervisor Comments: _____

Signature of Supervisor: _____

Date: _____

-----FOR USE ONLY-----

Application for credit reviewed by: _____

Application for service: _____ Accepted: _____ Denied: _____ Date: _____