

Student Name:	Homeroom:
Counselor:	Yr. of Graduation
Title of Organization:	
Dates(s) of Service/Time(Example is Monday, August 15, 2015 8:15 a.m. – 2:15 p.m.	Total # of Hours:
Please use the back of the form to list additional days/hor Each day MUST have hours listed along with hours for ea	
Contact Person: Information:	
Name(s) (Print) Sign (I hereby ver	rify the TOTAL l hours of service listed)
Phone Number: Ema	nil:
Date Approved/Signed:	
effort will directly benefit others, Participation in an extra (Ex: Meetings or Rehearsals) Also, you may not count me graduated with Honor requirement. If you have questions Counselor. Students 9-12 must have completed the 40 ho	an individual where there is no compensation or academic credit, whose acurricular or organization does not constitute as community service etings/services for church, temple, mosque, or synagogue may not be sregarding your church community event please see the College ours total for the Honors Graduate recognition. Students must complete as to not exceed doing them all at one event or one year. The pprove all service.
Describe in detail what was your community service: who how did it meet the school guidelines?	at was your activity, where was it done, did it benefit someone else, an
Student's Verification Signature:	Date:
Parent Guardian Signature:	Date:
PLEASE keep a copy for your records: _ Deposit the original form to the tray in the College and C _ Questionable forms will be sent back with a note explain	Career Office ning that it needs further detail or what needs to be corrected
If you have any question please Mrs. Kelley Newell or em	ail <u>knewell@maconeast.net</u>
FOR OFFICE USE ONLY: Date reviewed:	
Approved: Reviewed:	Explanation: (see attached)

Updated on 7/7/15