

**Hazelwood School District**

**Community Service Form**

**STUDENTS: Please complete the entire form. Incomplete forms with inaccurate dates, lack of signatures or dates of service will not be processed.**

Student Name: Class: Student ID#:

First

Last

**SERVICE INFORMATION**

Name/Address of Organization:

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Phone: Email: Website:

Description of Service:

Date(s) of Service:

Total Hours Completed:

Agency Supervisor Comments:

**Agency Supervisor Signature**: **Date**: (D/M/YY)

**Student Signature**: **Parent Signature**:

**Community Service Coordinator**: **Date**: (D/M/YY)

**Examples of acceptable Community Service activities include, but are not limited to:**

Volunteering at a non-profit agency, church or hospital (Vacation Bible Schools, mission trips, church picnics, church school/daycare)

Volunteering at a day care center that is listed as a 501(c)3 organization by the IRS.

Volunteering to manage high school sports teams, and assisting in theater and musical productions. Creating a student led community service project.

Please consult the State of Missouri guidelines and the Hazelwood School District guidelines for acceptable community service/service-learning activities.

**Community service is a graduation requirement**. 50 hours are required for graduation from the Hazelwood School District. Transfer students are required to complete twelve and one-half hours (12½) for each year of enrollment in the Hazelwood School District.

**Office Use Only**:

Date Received: Date Recorded:

**Hazelwood School District Community Service**

 **Verification Form**

**Please complete the date, time, activity and get supervisor signature for the service performed. One activity per time sheet only.**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_ Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE (D/M/YY)**

**Beginning Time**

**Ending Time**

**Activity**

**Supervisor Signature**