**COMMUNITY SERVICE PROGRAM**

**WAYLAND HIGH SCHOOL**

## **Completed Projects**

**STUDENT’S INFORMATION (Please print)**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_YOG:\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_\_\_\_ Counselor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Placement/Organization Community Service Activity Date Started Date Finished Supervisor’s Signature Total Hours**

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**To receive credit for these hours, all projects must be performed and completed in the year in which credit is requested. Any exceptions must be approved by either or Ms. Mizoguchi or Mr. Dolleman**

# **STUDENT’S DECLARATION**

**I declare that I have completed my community service projects and that I have served the number of hours listed above. I also declare that the hours of community service I performed have been performed without remuneration, have not been mandated by a court, and are not associated with the practice or promotion of any specific religion.**

**Student’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT’S DECLARATION**

**I declare that my child has completed the service projects listed above.**

**Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**