

Watertown High School Community Service Completion Form

Name _____ Year of Graduation _____

Please describe your community service project/activity:

Placement/Organization name: _____

Organization address: _____

Organization phone number: _____

Organization email: _____

Supervisor's name: _____

How many community service hours did you complete? _____

Supervisor's signature: _____ Date : _____

Student's signature: _____ Date: _____

The hours described above will be reflected in this student's school record.

Signature of Community Service Coordinator:

_____ Date: _____