

Watertown High School Community Service Completion Form

Name _____ Year of Graduation _____

Please describe your Community Service Project:

Placement / Organization Name: _____

Address: _____

Supervisor's Name: _____

How many community service hours did you complete? _____

Supervisor's Signature: _____ date: _____

Student's Signature: _____ date: _____

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

Signature of Community Service Coordinator:

_____ date: _____