

**FUQUA SCHOOL**

**COMMUNITY SERVICE FORM**

**Grades 11-12**

In order for students in grades 11-12 to be promoted to the next grade level or to be eligible for graduation, ten (10) hours of community service must be accumulated each year (a minimum of 40 hours total). **Community service hours for the current year must be documented and turned in by April 1, 2022.**

This is to verify that the student whose name is listed below performed the described community service for the number of hours specified without compensation.

**Student's Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Grade**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Community Service (list specific duties**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*To be completed by supervisor***

**Date(s) of service:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Total number of hours:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization/Agency Name**  **Supervisor’s Name (please print)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor’s Verification Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title/Position Contact information (phone/email)**

*I understand I may be contacted by Fuqua School. I verify that the student named worked the hours shown above.*

Please complete and return to the following address: Fuqua School

Attention: Teri Harris

P. O. Drawer 328

Farmville, VA 23901