Ernest Righetti High School

Community Service/Volunteer Form

Student's First & Last Name (please print clearly)			Student ID#	Grad Year	
Phone Number		Print Parent/Guardian Na	me F	Parent/Guardian Signature	
		re-approval to begin your Communi ervice hours, it must be for unpaid ve			
Agency Name (where community service takes place)			Agency Supervisor First and Last Name		
Agency Address			City	Zip Code	
Supervisor's Email			Phone Number		
Date	Hours	Agency where Community Serv	ice was performed	Supervisor Signature	
Total Hours		Student Signature:			

Calculate percentage of an hour. Round up or down to nearest quarter hour: 15 min. = .25 | 30 min. = .5 | 45 min. = .75

Give a brief description of the service performed and how it adheres to one of the above:



