

## **Pioneer Valley High School**



## Community Service/Volunteer Form

Student's First & Last Name (please print clearly)			Student ID#		<b>Grad Year</b>	
Phone Number Print Parent/Guardian Nam			Parent/Guardian Signature			
	-	re-approval to begin your Community Servervice hours, it must be for unpaid voluntar				
Agency Name (where community service takes place) Agency Address			Agency Supervisor First and Last Name  City  Zip Coo		ne	
					Zip Code	
upervisor's Em	nail		Phone Num	ber	-	
Date	Hours	Agency where Community Service wa	as performed	Supervisor S	ignature	
Total Hours		Student Signature:				
Calcul	ate percentag	e of an hour. Round up or down to nearest qua	rter hour: 15 mir	n. = .25   30 min. = .5   45	min. = .75	
iive a brief des	cription of th	ne service performed and how it adheres to	o one of the abo	ove:		