

3023 Sunlake Blvd • Land O Lakes, Florida • 34638  
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[facebook.com/SLHSseahawk](https://www.facebook.com/SLHSseahawk)  
**Michael Cloyd • Principal**



Student Name \_\_\_\_\_ Student Number \_\_\_\_\_

Date Submitted \_\_\_\_\_

**Community Service** is charitable in nature, with the goal of benefitting the community and it's needs. Community service must be completed outside of a student's regular school day and are NOT eligible for financial reimbursement for services rendered. (Church service hours are unable to be accepted; however, community projects, such as beautifying a community in conjunction with the church are acceptable.)

Where did you complete your hours? \_\_\_\_\_

Organization Address \_\_\_\_\_

Name of Volunteer Supervisor \_\_\_\_\_

Phone or Email of Volunteer Supervisor \_\_\_\_\_

\*\*\*\*\***(REQUIRED)**\*\*\*\*\* ON PAGE 2, please describe in detail your responsibilities when completing your community service.

**I understand this form is to be turned into GUIDANCE and are to be turned in at the end of each semester. Totals from page 2 are accurate to the best of my knowledge.**

**I also understand, it may take up to 2 weeks for these hours to be reflected in my MyStudent.**

**Both Signatures Required** Student \_\_\_\_\_

Parent \_\_\_\_\_

### For Office Use Only

Date Reviewed	Total Hours	Approved
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Total # of Hours from pg. 2 \_\_\_\_\_

Date of Event	# of Hours	Name of Organization (If different from page 1)	Signature of Supervisor
Specific Description of Volunteer Responsibilities:			
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Specific Description of Volunteer Responsibilities:			

**Students are responsible for calculating "Total # of Hours" above. Forms will not be signed off unless this form is filled out completely and correctly. This is the responsibility of the student.**