

3023 Sunlake Blvd • Land O Lakes, Florida • 34638
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http://slhs.pasco.k12.fl.us
facebook.com/SLHSseahawk



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 _____

