

DOVER-SHERBORN REGIONAL HIGH SCHOOL

COMMUNITY SERVICE CONTRACT AND VERIFICATION

STUDENT'S NAME: _____

YEAR OF GRADUATION: _____

PROJECT DESCRIPTION:

NUMBER OF HOURS: _____

CONTRACT: I understand that while performing Community Service, I represent Dover-Sherborn Regional High School. Other students who follow me will want similar opportunities. I will report, as required, to the Director of Community Service and will notify the Director should a problem or concerns arise. I realize that other people are depending on me, and I will be responsible.

Date

Student's Signature

Verification of volunteer hours and completion of project.

Date

Signature of Witness or Beneficiary
Telephone # _____

STUDENTS - MAKE A COPY OF THIS FORM FOR YOUR OWN RECORDS!!

Comments:

Approval of Director of Community Service.

Date

Signature of Director