

Parkland High School
Student Community Service Volunteer Program

Part A: To be completed by STUDENT

Name of Student _____ Current School Year 20____ -20____

Student ID _____ Current Grade _____ Year of Graduation _____

Email address _____

Home Address _____

Phone _____

List name of agency or club where you volunteered.

Briefly list the duties you performed. **Attach information from the event or facility (a flyer, brochure, etc)**

Describe how this activity **served the community.**

Part B: To be completed by AGENCY SUPERVISOR

Agency of Service _____

Number of hour's volunteered (From June 1, 2018- May 31, 2019) _____

Approximate dates of service (i.e. summer, fall, spring and year) _____

I hereby certify that this student has volunteered for the hours indicated on this form and has performed the duties listed above.

Agency Supervisor _____ Date _____

PLEASE ATTACH BUSINESS CARD OR BROCHURE IF POSSIBLE

Agency Supervisors can mail this completed form to:

Mrs. Susan Hartman
Parkland High School,
2700 N. Cedar Crest Blvd., Allentown PA, 18104

Email questions to hartmans@parklandsd.org