



South Texas ISD
**Health
Professions**

700 Med High Drive, Mercedes TZ 78570 (956)565-2237

Request for Community Service

Student's Name: _____

ID#: _____ Grade: _____

Description of Volunteer Activity

Date(s) of Volunteer Service, from : _____ To _____

Number of Hours: _____

Volunteer Work Completed at (Name of place): _____

Location: _____

Complete name of person in charge: _____

Phone # of person in charge: _____

I certify the above information is true:

Print Name of Person in charge

Authorized Signature (Person in charge)

Student Signature

Parent Print Name & Signature