

LONGVIEW PUBLIC SCHOOLS
CULMINATING PROJECT SERVICE FORM

Name _____ Grad Year _____

Today's Date _____ Advisor _____

SERVICE TO SCHOOL

CHECK ONE:

_____ ***Activity Worker (Unpaid) - Date*** _____

_____ ***School Community Service - # of Hours*** _____

Description of Service: _____

Supervisor Signature _____

Student Signature _____

COMMUNITY SERVICE

DATES OF SERVICE: _____ ***TOTAL HOURS:*** _____

Organization: _____

Description of Service: _____

Supervisor Signature _____

Student Signature _____