



HADDAM-KILLINGWORTH HIGH SCHOOL

95 Little City Road Higganum, CT 06441
Tel: (860) 554-5750 / Fax: (860) 345-4741
www.rsd17.org



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COMMUNITY SERVICE DOCUMENTATION FORM

A student will not be allowed to participate in GRADUATING SENIOR PRIVILEGES including a parking space, senior prom, senior outing, etc., until they have COMPLETED and DOCUMENTED the 30 hours of community service required for graduation. Forms must be turned into the guidance counseling office for documentation - there will be NO exceptions.

Student's Name: _____

Current Grade: 9th 10th 11th 12th Year of Graduation: _____

Counselor's Name: Ms. Baerlein Mrs. Epps Mr. Myers Ms. Stone

TO BE COMPLETED BY COMMUNITY SERVICE SUPERVISOR

Please print legibly!

NAME OF SUPERVISOR: _____

NAME OF ORGANIZATION: _____

DATE(S) OF SERVICE: _____ TOTAL # of HOURS COMPLETED: _____

DESCRIBE SERVICE PERFORMED: _____

[Please feel free to comment on this student's performance on the reverse side of this sheet.]

Is this a **non-profit** organization? YES NO

If not, you **must** have prior approval from your guidance counselor

Was the service completed **without** pay? YES NO

Was the student service acceptable to you and the organization? YES NO

Service Supervisor's Signature

Service Supervisor's phone #

Date

Please contact the guidance counseling office at (860) 554-5750 or email the appropriate counselor at the emails listed above if you would like to talk about this student's service. If you have opportunities for other students to be of service, please feel free to reach out! We will gladly post and/or announce community service opportunities to our students.

Approved By: _____ Approved On: _____ Entered On: _____ Entered By: _____