

# Dorchester High School Volunteer Project Slip

*Please download and print a copy of this form EACH time you do community service hours. Forms must be signed by the supervisor of the activity and by the student.*

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

(Please print)

Address \_\_\_\_\_

Date of Service Project: \_\_\_\_\_ Grade \_\_\_\_\_

Description of Service Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*If you have any questions as to whether or not your project will fulfill the graduation requirement for community service check with Mrs. Choyeski prior to completing the project/work.*

Address or Work Site of Project \_\_\_\_\_

Name of Supervisor or Person for Whom Project is Being Performed \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Total Number of Hours Volunteered for this Project: \_\_\_\_\_

The statements above are a complete and accurate description of my community service volunteer project:

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

I hereby acknowledge that the above volunteer project was performed for my agency or me by the student above mentioned:

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor: Person Receiving the  
Volunteer Service /Community Member Who  
Witnessed Your Work

Comments:

**RETURN completed forms into the Dorchester Public School counseling office.**