

Community Service Form

Return completed form to your portfolio advisor at Ellington High School

Ellington High School
37 Maple Street
Ellington, CT 06029



*To be filled out by the student and signed by the contact person **after** the event*

Name of EHS Student: _____ Year of Graduation: _____

Description of Community Service: _____

Location or Sponsoring Group: _____

Date(s) of Community Service: _____

Contact person verifies the Community Service described above and completed.

Date of Completion: _____ Number of hours: _____

Contact Person/Group

Phone Number

Date

Student reflects on the service performed.

Service meets Ellington High School criteria:

_____ hours accepted rejected

Advisor's Signature _____