



Savannah-Chatham County Public School System

### Community Service Validation Document

20 TOTAL HOURS REQUIRED BY COMPLETION OF 11<sup>TH</sup> GRADE (Additional hours are encouraged)

**Theme Paper (minimum 3 paragraphs) must be attached:**

**Theme Paper Topic: *In describing your community service project, what impact did this have on your community?***

USE INK ONLY

STUDENT NAME \_\_\_\_\_

STUDENT # \_\_\_\_\_

SCHOOL \_\_\_\_\_

ADVISOR \_\_\_\_\_

SCHOOL YEAR \_\_\_\_\_

Agency/Organization	Type of Service	Total Hours	Start Date	End Date	Expectations Met (check)	Expectations NOT Met (check)	Print name of Person Responsible	Phone # of Person Responsible	Signature of Person Responsible

Parent/Guardian Name (Print) \_\_\_\_\_

Phone # \_\_\_\_\_

Parent/guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_ Theme Paper Attached (y/n) \_\_\_

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

Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_

CS Approved \_\_\_ Denied \_\_\_ Date: \_\_\_\_\_

WHITE COPY: PR Folder

YELLOW COPY: Advisement Folder

PINK COPY: Parent/Guardian/Student