

Shorecrest High School

2025-26 Community Service Verification & Consent Form

Student Name: _____ Student ID #: _____
 Graduation Year: _____ Grade: _____

1. Parent/Guardian Consent *This section must be completed by parent/guardian prior to service.*

being fully informed and aware of the risks associated with this activity, I give my permission for my student, _____ to participate in this activity. I release the Shoreline School District and assume any risk inherent in this activity. In addition, I waive the right of recovery or to bring legal action against the Shoreline School District for any injury, death, property damage, or other consequences arising out of participation or during the period of activity. NOTE: The district does not require or endorse the actual physical activity the student undergoes to prepare for

Parent/Legal Guardian Signature: _____ Date: _____
Parent/Legal Guardian signature reflects knowledge and approval of activities listed, and that hours are true and accurate.

2. Nonprofit Organization Information

Name of Non-profit Group: _____
 Supervisor Name: _____ Supervisor Title: _____
 Supervisor Email: _____ Supervisor Phone: _____

3. Log of Volunteer Services Provided

Date(s)	**Hours	Description of Volunteerism	Supervisor Signature
Enter TOTAL HOURS:		<i>May be calculated to the quarter-hour</i>	

4. Student Signature

By signing, I certify that I have volunteered my service(s) and that the hours submitted are true and accurate.
 Student Signature: _____ Date: _____

5. National Honor Society **This section to be completed by NHS members, if applicable.*

Please split/divide the hours provided on this form and apply _____ hours toward my National Honor Society volunteeris