

Winthrop High School – Community Service Hours

Date: _____

Grade: _____

Student's Name: _____

Location at which the Community Service will be completed:

Name of the Community Service Provider: _____

Telephone Number of the Community Service Provider: _____

I agree to supervise, guide, and evaluate the above-named student in the completion of his/her Community Service Project.

Community Service Hours Completed: _____

Signature of Supervisor: _____ Date: _____