SOAR ACADEMY COMMUNITY SERVICE FORM

SERVICE ★ LEADERSHIP ★ IMPACT

Student Name: _____ Grade _____ Tier Level _____

Turn in the completed form to Ms. van Dyke and email your photo to hvandyke@horrycountyschools.net.
Any questions, please call: 843-488-7510

DATE	TIME (FROM – TO)	TOTAL HOURS	DESCRIPTION OF SERVICE	PHONE NUMBER	SUPERVISOR SIGNATURE

It is a requirement for each family to secure a safe and age- appropriate community service opportunity. As the student is a minor, this responsibility rests solely with the parent or guardian. Please ensure all prospective opportunities are vetted to meet these conditions.

Student Verification: By signing below, I attest that the hours served are accurate.

Student Signature _____ **Date:** _____

Parent/Guardian Verification: By signing below, I verify that these hours were completed safely and I approve of the service activity.

Parent/Guardian Signature _____ **Date:** _____