LEXINGTON H.S. COMMUNITY SERVICE FORM

**UPDATED – 9/2019 – Please note that if you do not list the actual dates and times that the community service was performed the community service form WILL BE QUESTIONED AND RETURNED TO YOU.**

**PLEASE RETURN FORM TO THE REGISTRAR’S OFFICE - ROOM 152**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Homeroom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yr. of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of Service /Times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TOTAL HOURS**\_\_\_\_\_\_\_

***Example - Monday, August 6, 2017 - 8:15 am-12:15 pm***

**Use the back of this form for additional days / hours - or a separate sheet of paper, stapled to this form**. \*\***List the dates and times for each day a community service activity was performed\*\***

**Contact Person Information:**

Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby verify the TOTAL hours of service listed above

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Approved / Signed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community Service is an action, performance, a “hands on” activity by an individual without compensation or academic credit for a non-profit organization, whose effort will directly benefit others, and is without direct religious or political involvement. Participation or membership in an extra-curricular club or organization does not constitute community service (i.e., meetings or rehearsals).

**Describe in detail your community service:** what was your activity, where was it done, how did it benefit someone else, how does it meet the guidelines, etc.

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**Student’s verification signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian’s signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE keep a copy for your records.**

• Deposit the original form in the community service box in the guidance office. **Forms should be dropped off by the posted submission deadline. Forms received after the deadline may be returned.**

• Questionable forms will be sent back to you in homeroom with a letter of explanation.

**If you have questions, please send an email to** [**lhs-communitysvc@lexingtonma.org**](mailto:lhs-communitysvc@lexingtonma.org)

**For additional forms and more information regarding the LHS community service program, please go to** [**https://lps.lexingtonma.org/page/1383**](https://lps.lexingtonma.org/page/1383)

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**FOR OFFICE USE ONLY**

Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Denied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Questioned (see attached): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_