COMMUNITY SERVICE ACTIVITIES

LAST NAME: ___________________  FIRST NAME: ___________________  TOTAL HOURS: ___________________

PLEASE CIRCLE GRADE LEVEL:  9  10  11  12

DATE ___________________  TEACHER: ___________________

SERVICE ACTIVITIES OUTSIDE OF HUNTINGTON HIGH SCHOOL:

1) BRIEF DESCRIPTION OF ACTIVITY (MUST BE CLEAR AND CONCISE):

__________________________________________________________________________________________________________________________________________

In order for the student to receive proper credit please provide all requested information.

NAME (Adult Supervisor of Sponsoring Organization): ____________________________________________

TITLE: ___________________  TELEPHONE #: ___________________

NAME OF ORGANIZATION: ____________________________________________

DATES, TIMES OF SERVICE: ___________________  TOTAL HOURS: ___________________

SIGNATURE: ___________________  DATE: ___________________

2) BRIEF DESCRIPTION OF ACTIVITY (MUST BE CLEAR AND CONCISE):

__________________________________________________________________________________________________________________________________________

In order for the student to receive proper credit please provide all requested information.

NAME (Adult Supervisor of Sponsoring Organization): ____________________________________________

TITLE: ___________________  TELEPHONE #: ___________________

NAME OF ORGANIZATION: ____________________________________________

DATES, TIMES OF SERVICE: ___________________  TOTAL HOURS: ___________________

SIGNATURE: ___________________  DATE: ___________________

SERVICE ACTIVITIES INSIDE OF HUNTINGTON HIGH SCHOOL: Certain preapproved activities affiliated with Huntington High School can earn students community service credit.

In order for the student to receive proper credit please provide all requested information.

BRIEF DESCRIPTION OF ACTIVITY (MUST BE CLEAR AND CONCISE):

________________________________________________________________________________________

NAME (Adult Supervisor of Activity): _________________________________________________________

TITLE: ___________________  TELEPHONE #: ___________________

NAME OF ACTIVITY: ___________________  DATES, TIMES OF INVOLVEMENT: ___________________  TOTAL HOURS: ___________________

SIGNATURE: ___________________  DATE: ___________________

(Sport) ___________________  (Name of League) ___________________  (Name of Coach) ___________________  (Signature of Coach) ___________________  (Phone Number) (2)

HUNTINGTON HIGH SCHOOL – VALIDATION FORM