



VASHON ISLAND HIGH SCHOOL

COMMUNITY SERVICE COMPLETION FORM

Your Grad Year _____

PRINT Name _____

Phone #: _____ Email: _____

PRINT supervisor's name: _____

Phone # _____ Email: _____

Organization's Name _____

Organization's mission: _____

To the Supervisor:

Your signature certifies that this Vashon High School student performed valuable volunteer services to your 501(c) 3, non-profit organization.

- While serving, this student must have met or exceeded your standards for volunteers.
- If the student did not follow your instruction and meet your volunteer standard OR received compensation of any kind in exchange for the service, credit will not be awarded for any of the hours served.
- The student has logged their hours and accomplishments. Please review the log with them.

Should you have any questions about the student's responsibilities for our Service requirement, call MJ Hartwell at 463-9171, X2007 during the school year, or email mhartwell@vashonsd.org year round.

This student performed _____ hours of volunteer service under my supervision.

Supervisor's Signature

Date

To the Student:

Your signature indicates that you completed a minimum of 25 hours of community service at the organization listed above. You were not paid and did not receive compensation of any kind in exchange for your service.

Student's signature

Date

