



CHIMACUM HIGH SCHOOL

Mailing Address: P.O. Box 460
Shipping Address: 91 West Valley Road
Chimacum, WA 98325
(360) 732-4481

For Office Use Only-Date

Certificate of Community Service

Name Year of Graduation

The above student has provided Community Service with:

Name of Agency	<input type="text"/>		
Supervisor Signature	<input type="text"/>	Telephone Number	<input type="text"/>
Date/s of Service	<input type="text"/>	Number/s of Hours	<input type="text"/>

All community service must be completed in hour increments. Community service work cannot take place during the regular school day. Students may not receive pay or academic credit for community service. Court-ordered or disciplinary service may not count for community service.

By signing below, I hereby give approval for my child to participate in this volunteer service to the community.

Parent/Guardian Date

WHEN THIS FORM IS COMPLETED, IT IS THE STUDENT'S RESPONSIBILITY TO RETURN IT TO THE GUIDANCE OFFICE, THE REGISTRAR, OR PORTFOLIO PRODUCTIONS CLASS.

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Student Participant

Please answer the following questions. This information provides assessment of the Community Service Program.

- The name of the organization I assisted is:
- This experience seemed: Beneficial to me Not Beneficial No Opinion
- I knew what was expected of me on the job YES NO
- My supervisor(s) was/were helpful to me YES NO
- As a result of this experience I would be willing to contribute more time to community service.
 YES NO UNSURE
- In one or two statements, please indicate what you learned about yourself or the community as a result of this experience.