

BLACK RIVER PUBLIC SCHOOL Community Service Form

Directions: Fill out the information below and have an adult/supervisor sign at the bottom.
Place the slip in the box outside the main office.

Student Name: _____

Grade: _____ (CAP)Teacher: _____

Organization: _____

Type of Work: _____

Supervisor Name (please print): _____

Supervisor Signature: _____

Supervisor Contact #: _____

Date(s) of Service: _____

Total Hours Volunteered: _____ *Max of 20 hours per activity

REQUIREMENTS:	
Grades 1-3 _____	10 hours total
Grades 4-5 _____	15 hours total
Grades 6-8 _____	20 hours total
Grades 9-12 _____	60 hours total

For Office Use Only: Date: _____ Initials: _____

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