

# Williamson High School Community Service Requirement Agreement and Follow-up

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Organization: \_\_\_\_\_

Organization/Site Contact Person: \_\_\_\_\_

Contact Person Phone Number: \_\_\_\_\_

Proposed Work Dates: \_\_\_\_\_ Proposed Number of Hours: \_\_\_\_\_

Description of Activity:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this activity occur outside of regularly scheduled class time? Y N

Will the activity be completed with an established agency? Y N

Will the student be paid for this activity? Y N

Will the verification be signed by someone other than a family member? Y N

Student Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_

WCS Community Service Coordinator Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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*This remainder of the form must be completed and submitted to the High School Community Service Coordinator as soon as possible after the completion of the activity but no later than the end of the semester during which the service was completed.*  
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Please list dates, times and hours worked on this activity:

Dates	Times	Hours	Total hours

This Community Service activity was successfully completed at the times reflected above:

Organization/Site Contact Person Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Student Reflection:

In the space provided, please provide:

- a brief description of the activities that you actually completed.
- what service this organization provides for the community.
- what the most valuable part of this experience was for you.

*Each of these **must** be answered to fulfill your requirement.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**<<<<<use the back of this form to complete the reflection>>>>>**