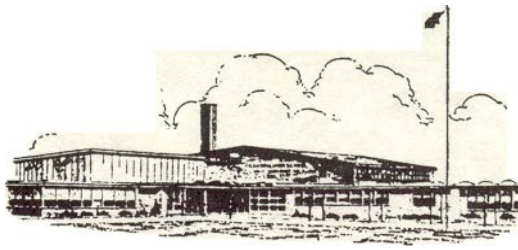


Marty Cook, Principal
(217) 593-7731
mcook@cusd3.com
Fax: (217) 593-7025



Central High School
2110 Highway 94 North
Camp Point, IL 62320

COMMUNITY SERVICE VOLUNTEER FORM

You, as a student, must fill out this form and get the volunteer hours approved by Mr. Cook or Mr. Long before giving it to the supervising member of the organization you are working for.

Name: _____

Student ID # _____ Grade: _____

Student Cell Phone # _____ e-mail: _____

Organization Volunteering for: _____

Address: _____

Supervisor's Name: _____

I certify that the above named student volunteered _____ hours with your organization.

Describe the volunteer work that was done: _____

Supervisor's Signature: _____ Date: _____

Supervisor's Telephone Number: _____

Date of Service Hours	Time of Day Worked	Total Hours Worked	Supervisor Rating Scale 1-5 (1 being poor/5 excellent)

OFFICE USE ONLY

APPROVED

DENIED

Reason: _____

Total Community Service Hours Earned: _____

Principal Signature: _____

Date: _____