

Community Service Project Permission & Verification Form

Student name: _____

Parent Permission (Complete prior to service): I believe this project is an appropriate activity for my child to complete in fulfilling their community service graduation requirement. I understand and agree that my child will participate under the supervision and direction of the organization/individual named below, and not by an individual working as an employee or staff member of Snohomish High School. Snohomish High School and the Snohomish School District are not liable for injuries sustained while performing community service.

Parent printed name _____ Date _____

Parent signature _____ Email _____

Community Service Project/Organization: _____

Please indicate the type of service performed and any other information you may feel is pertinent, such as specific duties or type of participation.

Date(s) of Service: _____

Hours of Service (Eight (8) hours required to fulfill SSD requirement): _____

Note to Organization: The purpose of Community Service is for the student to experience the community through its service organizations. Although there is a minimum of eight hours required, additional time requirements and expectations will be left up the individual organization. Snohomish High School would like the student to experience and gain exposure to the workings of your particular service.

Supervisor's Name: _____

Supervisor's Signature: _____

Job Title: _____

Organization: _____

Email: _____ Phone: _____

This form must be completed in full and returned to Mrs. Cowan upon completion. The due date for community service hours is Friday, May 30th at 8AM. If documentation of completed community service hours is not received by 8AM on May 30th the student may not participate in graduation ceremonies.