

Bellevue High School

Wolverine Guard Community Service Hours

STUDENT INFORMATION:

Name: _____ Year of Graduation: _____

Student Email: _____ Student Phone #: _____

Parent Email: _____ Student ID Number: _____

Address: _____

COMMUNITY SERVICE INFORMATION:

Agency Name: _____

Address: _____

Agency Contact Name: _____ Phone #: _____

Please briefly describe the nature of the service:

DATES & HOURS OF SERVICE: (Please list each day of service work separately)

Date Worked: _____ Hours Worked: _____

Date Worked: _____ Hours Worked: _____

Date Worked: _____ Hours Worked: _____

Date Worked: _____ Hours Worked: _____

Date Worked: _____ Hours Worked: _____

SIGNATURES / CONFIRMATION OF HOURS SERVED:

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Agency Contact Signature: _____ Date: _____

Total Number of Hours Completed: _____