



Smyrna High School Community Service Form

Office # (302) 653-8581

Fax # (302) 653-2763

This form serves as official documentation of completed community service hours for the student identified below. Completion of this form verifies that the community service was completed at a non-profit organization and that the student completed the assigned work as a volunteer.

Please complete all items and print clearly.

Student Name: _____

Student Birthdate: _____ Student Phone #: _____

Community Service hours are being completed for: (check all that apply)

- Tardies to school
- Absences from a semester class
- Absences from year-long classes

Name of Organization where the community service was completed:

Total Hours Completed: _____

Printed Name and Signature of an adult who can verify the community service was completed as required:

Print: _____ Sign: _____

Phone number to call with any questions regarding the community service details:

For Office Use Only

Date Received: _____ Date Recorded: _____

Date Notification sent to award academic credits: _____

Recorded by: _____