

Robbinsville High School Community Service Form

Student Name: _____ **Class of:** _____

Community Service Title: _____

Event Location: _____

Supervisors Name/Title: _____

Event Date(s): _____

Description of Service:

To qualify for approval, a project must meet the following criteria:

- Contribute to the completion of tasks which will benefit the community, individuals in need and/or groups within the community.
- Not be for a political party.
- Provide students with an educational learning experience.
- Not involve direct solicitation of funds for non-profit agencies nor generate profits for a private company. Students may not handle monetary transactions or collect pledges.
- Not cause a reduction in the number of employees in the participating organization.
- Not place students in any situation that would be inappropriate for their age, background, level of maturity or put students at risk in any way.

***Hours submitted that do not meet these guidelines will not be accepted**

PRE-APPROVAL: **YES:** _____ **NO:** _____

Once the service has been fulfilled, complete the reverse side of this form

Supervisors Signature: _____ Hours completed: _____

Please provide a brief description of the event and how your participation helped benefit others:

[illegible]