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:*

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