

**HERITAGE HIGH SCHOOL  
COMMUNITY SERVICE**

Name \_\_\_\_\_ ID# \_\_\_\_\_

Date \_\_\_\_\_ Grade \_\_\_\_\_

**Description of community service performed:**

---

---

---

---

---

**Date(s) of service:** \_\_\_\_\_ **Number of hours:** \_\_\_\_\_

**Name of organization or community member served:** \_\_\_\_\_

**Name of group or community organization that arranged service project:**

---

**Name of supervisor or person who can verify service:**

---

**Phone number of supervisor or person who can verify service:**

---

**I understand the terms and conditions and these hours meet the criteria as listed in the FISD Student Handbook.**

---

**Student Signature** **Supervisor's Signature**

**INFORMATION:**

**Community Service is not required for graduation.**

**100 hours are required to be recognized in the graduation ceremony**

**Any work without pay for traditional community organizations or religious organizations that can be performed by religious or non-religious organization.**

**Babysitting/tutoring family members does not qualify.**

**Arranged tutoring by NHS/Counseling may be counted if pre-approved.**

**In order to be recognized at graduation, all seniors must complete and submit their hours by April 1<sup>st</sup> at 4:30 PM at the Counseling Center.**

**Please retain a copy for your records**