

Walt Whitman High School Community Service Program

**PLEASE SUBMIT THIS FORM TO THE SCHOOL TO CAREER OFFICE IN
ROOM 521 OR PLACE IN THE MAILBOX OF MRS. ZAMOW**

Student Name: _____ **Graduation Year:** _____
Guidance Counselor: _____
Address: _____
Phone: _____

Length of time you participated in activity: _____ (hours)

Name of sponsoring group: _____

Name/Title of adult supervisor: _____

Explain your participation or voluntary role. Be as specific as possible. If you are unable to fit your description into the space below, please attach it to this form.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

By signing this statement, you are confirming that as a part of your relationship with the student who submitted this form, he or she has voluntarily spent time contributing to that activity, and served satisfactorily in that activity.

Supervisor Signature: _____ **Date:** _____