ASHLAND HIGH SCHOOL COMMUNITY SERVICE SUBMISSION FORM KEEP THIS FORM FOR YOUR PERSONAL RECORDS

STUDENT NAME:	YOG:
Name/Type of project	
Brief Description	
Agency/Organization Name:	Location
Supervisor Name/ Title:	phone number
Date(s) of Service	
TOTAL hours of service (one number)	
STUDENT STATEMENT	
I declare that I have completed the community ser	rvice and served all of the number of hours listed above
Student Signature	Date
Please explain in at least three sentences how this	service was benefit to both you and your community
C KEEP THIS FORM FOR Y	OUR PERSONAL RECORDS
SUPERVISOR STATEMENT	
I declare that the above-named student has compl	eted his/her community service as described above.
Supervisor Signature	Date

- FORMS MUST BE SUBMITTED WITHIN TWO MONTHS OF THE DATE OF SERVICE
- Scan or photograph the sheet and send a copy to Elizabeth Hansen, Community Service Coordinator at ehansen2@ashland.k12.ma.us.
- **SUBJECT LINE FOR EMAIL should be** simply CS YOG (*e.g.*, CS 2021; CS 2022, etc.) There is no need to write anymore than that in the subject line for a submission of hours.
- **FILE A COPY of your form.** All community service hours should be kept in a personal folder at home, in the event there is ever a question regarding hours served.

