

RICHMOND HILL HIGH SCHOOL COMMUNITY SERVICE PROGRAM – FINAL CHECK OFF FORM

Student's Name: _____

Home phone: _____

Location of Community Service Activity: _____

On-Site Supervisor's Name: _____

Work phone: _____

Richmond Hill HS Supervising Teacher's Name: _____

CHECK OFF FORM FOR ALL STUDENT SUBMISSIONS & COURSE REQUIREMENTS

COMMUNITY SERVICE FORM / OR REQUIRED ACTIVITY	DATE FORM WAS SUBMITTED OR REQUIREMENTS MET
SIGNED STUDENT CONTRACT	
SIGNED LIABILITY DISCLAIMER	
JOURNAL ENTRIES VERIFIED	
APPOINTMENTS FOR INTERVIEWS KEPT	
SIGNED TIME LOG	
SIGNED ON-SITE SUPERVISOR'S REPORT	
500 WORD FINAL REFLECTIVE ESSAY	
ALL REQUIREMENTS COMPLETED	
VERIFICATION FORM SENT TO GUIDANCE DEPT.	

COMMENTS (*if any*):
