LONG TERM COMMUNITY SERVICE FORM for Summer 2019

Non-Profit Organization _______________________________________________________________

Supervisor ___________________________ Title __________________ Email ___________________________ Phone ___________________________

IMPORTANT: PARENT/LEGAL GUARDIAN /PARTICIPANT INFORMED CONSENT

Being fully informed and aware of the risks associated with this activity, I hereby give my permission for my son/daughter, ________________________________, to participate in this activity. I release the Shoreline School District and assume any risk inherent in the activity. In addition, I waive the right of recovery or to bring legal action against the Shoreline School District for any injury, death, property damage or other consequences arising out of participation or during the period of this activity. NOTE: The district does not require or endorse the actual physical activity the student undergoes to prepare for this project.

Parent/Legal Guardian Signature ____________________________________________ Date ____________ Parent/Legal Guardian signature reflects knowledge/approval of activities described.

| Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| JUN   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |
| JUL   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |
| AUG   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |
| SEPT  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |

Write the number of hours each day in the correct box above.

Service dates _____ / _____ / _____ to _____ / _____ / _____ Total hours ________________

Month Day Year Month Day Year

Student Signature ___________________________ Date ____________

Parent Signature ___________________________ Date ____________

Supervisor Signature ___________________________ Date ____________

Student's brief description of service performed:

Shoreline School District Graduation Requirement: 40 community service hours.

Submit to Mrs. Stephens, Career Center, 206.393.6110 marianne.stephens@shorelineschools.org

DUE DATE: 9/20/19 for Summer 2019 Hours.