



Shorewood High School
2019-2020 Community Service
Verification & Consent Form

Student Name _____
 Graduation Year _____
 Graduation Hours
 NHS Hours*

1. Student Information & Parent/ Guardian Consent

Student Name _____
 Student k12 Email _____
 Parent Name _____

Parent/ Guardian Informed Consent must be completed prior to service

Being fully informed and aware of the risks associated with this activity, I hereby give my permission for my student, _____ to participate in this activity. I release the Shoreline School District and assume any risk inherent in this 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 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 and approval of the activities listed.

2. Nonprofit Organization Information

Name of Nonprofit _____ Nonprofit Location _____
 Supervisor Name _____ Supervisor Title _____
 Supervisor Email _____ Supervisor Phone _____

3. Log of Services Rendered

Date	Hours	Description of Service Rendered	Supervisor Signature
TOTAL HOURS			

4. Student Signature

By signing, I certify that I have provided the services listed above.

Student Signature _____ Date _____

Submit this form to the Shorewood High School Career Center right after you perform your service; pay attention to periodic deadlines. Senior deadline for completing the 40 hour graduation requirement: 4.10.2020.

*Only for members of National Honor Society.

5. Long-Term Log of Services Rendered *if needed*

Date	Hours	Description of Service Rendered	Supervisor Signature
TOTAL HOURS			