



**Shorewood High School**  
**LONG TERM COMMUNITY SERVICE FORM (2018-19)**

Shoreline School District 18560 1<sup>st</sup> Ave. NE, Shoreline, WA 98155  
 Shorewood High School 17300 Fremont Ave. N, Shoreline WA 98133

Grad Hours  
 NHS Hours

Student \_\_\_\_\_

Phone \_\_\_\_\_ Grad Year \_\_\_\_\_

Name of 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	
SEP																																	
OCT																																	
NOV																																	
DEC																																	
JAN																																	
FEB																																	
MAR																																	
APR																																	
MAY																																	
JUN																																	
JUL																																	
AUG																																	

**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: