

SHORELINE Students: please fill out as completely as possible and submit via your Class of 202x course in Canvas.

Shorewood High School

Student Name	
Graduation Year	
Graduation Hours	
NHS Hours*	

	DIIOICWO	ou might believe	Graduation Year	
	2020-202	21 Community Service	Graduation Hours	
	Verificati	on & Consent Form	NHS Hours*	
1. Student Informa	ation & Paren	t/ Guardian Consent		
Student Name			_	
Student k12 Email			_	
Parent Name			_	
Being fully informed ar to participate in this ac recovery or to bring leg	nd aware of the ri- tivity. I release th gal action against ng the period of a	must be completed prior to service sks associated with this activity, I hereb to Shoreline School District and assume the Shoreline School District for any injectivity. NOTE: The district does not require	any risk inherent in this a jury, death, property dama	activity. In addition, I waive the right of
Parent/ Legal Guardia	an Signature		Date)
Parent/ Legal Guardiai	n signature reflec	ts knowledge and approval of the activi	ties listed.	
2. Nonprofit Orga	nization Infor	mation		
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 Signate		I the services listed above.		
by signing, i certily tha	ı ı nave provided	THE SELVICES IISLEU ADOVE.		
Student Signature			Date	9

Submit this form to the Shorewood High School Career Center right after you perform your service; pay attention to periodic deadlines.

5. Long-Term Log of Services Rendered if needed				
Date	Hours	Description of Service Rendered	Supervisor Signature	
TOTAL HOU	RS			