

Pleasant Grove High School Community Service
PRIOR APPROVAL AND ACTIVITY COMPLETION FORM

Name: _____ ID#: _____

Advocacy Teacher: _____

Description of Planned Service Activity

Name of Organization: _____

Contact Person / Supervisor: _____

Supervisor Phone #: _____

Description of Activity:

(Describe in detail the type of work you will be doing, the position you will hold, and the number of hours you expect to complete.)

Prior Approval

To be signed by the advocacy teacher BEFORE you begin the activity.

*My signature below verifies that I approve of this activity for the purpose of **full or partial** fulfillment of this student's community service assignment.*

Advocacy Teacher Signature

Date

Original : Student Copy: Advocacy Teacher

Post-Activity Verification

To be completed by the activity supervisor named above **AFTER THE SERVICE HAS BEEN COMPLETED.**

My signature below verifies that this student has completed _____ hours performing the activity described above.

Supervisor Signature

Date