

AUTHORIZATION FORM FOR COMMUNITY SERVICE  
(this form is for service performed outside of Central HS)

I, \_\_\_\_\_, will be serving my full thirty hours of service at \_\_\_\_\_ . I understand that this means I am making a commitment to this organization to serve for thirty hours in a schedule that suits both my organization and myself. I understand I cannot take off from school to perform my community service. I also understand that if I do not meet the deadlines for submission, my hours may not count.

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Student Signature

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Parent/Guardian Signature

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Organization Name: \_\_\_\_\_

My Supervisor: \_\_\_\_\_

I certify that this is a NON-PROFIT organization. I can provide thirty hours of service to this volunteer.

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Supervisor Signature

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Phone #

EMAIL