## Community Service Project / Completion Form

Student Name	Year of Gradua	tion	House
SUPERVISOR INFORMATION: to be completed by supervisor only			
Please briefly describe the student's pro	nject:		
Number of community service hours com	pleted by the student?		
Project Supervisor's Name:			
Phone Number:			
Email address:			
Organization / Placement :			
Project Supervisor's Address:			
City or Town:		de:	
Date of Project Completion:			
Was student paid for this project?			
I (the supervisor), certify that the above community service project described.	Lincoln-Sudbury Regional High Sc	hool studen <sup>.</sup>	t has completed the
Project Supervisor's Signature (Supervisor may not be parent, guardian	or relative)	_Date	
	(Periodically MLK calls to	verify servi	ce hours)

Lincoln-Sudbury Regional High School's Community Service Program and
The Martin Luther King Action Project
390 Lincoln Road, Sudbury, MA 01776 ★ 978.443.9961 x4337

(Please note that the form continues on the back.)

## Community Service Project / Completion Form

Student Information: to be	completed by the student: <u>please</u>	print clearly
Student Name:	Year of Graduation:	House:
Email address:		
Home phone:		
Cell phone:		
What do you think your efforts did performing the service aff	s provided for the person/s you se ect you?	rved, and how
I (the student), certify that I have con	mpleted the community service project de	scribed.
Student's Signature:	r	)ate
Parent's or Guardian's Signature	I	Date

<u>Please return this form to the MLK office in C344.</u>

<u>Thank you for giving back to the community.</u>

Credit cannot be awarded without submission of a completed form AND within 90 days of performed service.

Check MLK website for requirement guidelines