

Community Service Project / Completion Form

Student Name _____ Year of Graduation _____ House _____

SUPERVISOR INFORMATION: to be completed by supervisor only

Please briefly describe the student's project:

Number of community service hours completed by the student?

Project Supervisor's Name: _____

Phone Number: _____

Email address: _____

Organization / Placement : _____

Project Supervisor's Address: _____

City or Town: _____ State: _____ Zip Code: _____

Date of Project Completion: _____

Was student paid for this project? YES NO

I (the supervisor), certify that the above Lincoln-Sudbury Regional High School student has completed the community service project described.

Project Supervisor's Signature _____ Date _____
(Supervisor may not be parent, guardian or relative)

(Periodically MLK calls to verify service 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.)

OVER

Community Service Project / Completion Form

Student Information: to be completed by the student: please print clearly

Student Name: _____ Year of Graduation: _____ House: _____

Email address: _____

Home phone: _____

Cell phone: _____

What do you think your efforts provided for the person/s you served, and how did performing the service affect you?

I (the student), certify that I have completed the community service project described.

Student's Signature: _____ Date _____

Parent's or Guardian's Signature _____ Date _____

Please return this form to the MLK office in C344.
Thank you for giving back to the community.

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

Check MLK website for requirement guidelines