

Fonda-Fultonville CSD  
Community Service Approval Document

Student Name \_\_\_\_\_ Class of \_\_\_\_\_

Proposed Service Activity (please provide a clear and concise description of the service activity including the location)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Service Activity Period: Begin \_\_\_\_\_ End \_\_\_\_\_

I anticipate volunteering for \_\_\_\_\_ hours per (circle one) week month year

Total Hours Anticipated during the entire service period: \_\_\_\_\_

Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

Student/Counselor Review Date \_\_\_\_\_ Date \_\_\_\_\_

Principal Signature (when necessary) \_\_\_\_\_ Date \_\_\_\_\_

This document must be completed including parent and supervisor signatures before you can make an appointment to meet with your counselor to verify this service activity. Once approved, you may begin your service activity and this document will be filed in the Guidance Office. Upon completion of your service activity you must submit your hours log and final report to earn credit for the hours you volunteered.