

**DEDHAM HIGH SCHOOL
COMMUNITY SERVICE FORM**

Student Name _____ **YOG** _____ **Date** _____

Agency _____ **Total Hours Completed** _____

Description of Activity: _____

This service requirement should only count for the DHS requirement*

Student Signature _____

Supervising Adult Name (Please Print) _____

Supervising Adult Signature _____

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____

DHS School Approval

Administrator's Signature _____

Date _____

**PLEASE NOTE ALL ACTIVITIES NEED TO BE PRE-APPROVED.
THIS FORM MUST BE COMPLETED PRIOR TO THE ACTIVITY,
WITH THE EXCEPTION OF THE TOTAL HOURS SERVED AND
THE SUPERVISOR'S SIGNATURE**

**PHOTOCOPY YOUR COMPLETED FORM BEFORE SUBMITTING
IT TO MRS. GOYETTE IN THE GUIDANCE OFFICE**