Community Service Reporting Form Dover Area High School

| STUDE | NT NAME: | | - | | | |
|---------------------|---|---|----------------|-------------------------|---|--|
| Year of G | Graduation: | | | | | |
| REQUIR | REMENTS | | | | | |
| In order | to meet the graduation red | quirements related to Community Ser | rvice, all stu | udents must: | | |
| • C o • H | community service activitient or relative in/around your helave the supervising adult fubmit this form no later the | nented hours of community service. es are activities for a non-profit organitione. If you have questions, please set for each service activity sign this docutan May 1 of your senior year. | ee your cou | | service you are doing for a family member | |
| Date of Service | Organization Name & Contact Info | Description of Activity | Hours | Supervisor Name & Title | Supervisor Signature | |
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| OFFICE U | JSE ONLY | Tota | : | | | |
| Administ | rative Review: | | Date: | | | |
| Entered in Skyward: | | | | Date: | | |