



High School Service Requirement Request Form

Complete and submit this form to your high school grade level Bible teacher for completion of the yearly high school requirement of 10 service hours. **One request is required per year.** The completion of this yearly requirement will not be awarded without accompanying documentation and administrative approval. **You must get the required signatures on this form before submitting.** Attach additional pages as needed if you participated in multiple service activities to accumulate the needed hours.

Part 1: Student Information

Name: _____ Current Grade: _____
First Middle Last

For School Year (ex. 2023-24) _____

Part 2: Service Information. Fill in the information below with a description of your service project, who it was with and how many hours you completed.

1. Company or Organization Served At _____

2. Total Hours Completed _____

3. Description of Activity (Write three to five sentences describing your service activity with the above organization - who you helped, what you did, what you learned, etc.)

Part 3: Documentation

Provide one form of documentation below that confirms the completion of the service activity. Examples of documentation include one of the following:

- Certificate of completion or organizational/church letter stating completion of hours.
- Leader signature on the provided line from a supervisor, group leader, pastor, etc. responsible for oversight of the service activity:
 - Signature of Leader: _____
 - Role in Organization: _____
 - Organization Phone Number: _____
 - Date Activity Completed: _____
- Other documentation as approved in advance by your guidance counselor.

Part 4: Signatures and Assertions

Student

I assert that I have spent the required 10 hours completing this service activity and that all of the information provided here is true and correct. I understand that the final credit decision is up to the discretion of the school administration.

Student Signature

Date

Parent

I verify that my child's service work and participation in the above documented program occurred and the information provided herein is true and correct to the best of my knowledge.

Parent Signature

Date

School Use Only:

- Approved**
- Not Approved**

Note: if more information or documentation is needed, please return the form to the student to be resubmitted when all of the items are completed.

Counselor Signature: _____

Date: _____

Received by Date: ____/____/____