Lake Region Union High School
Community Service - Project Documentation

Name:		Date:	
Email:		Year of Graduation:	

Project Information

Project approved prior to completion: ☐ *Yes*   ☐ *No*   *CS Coordinator Initials: _____   Date: _____*

Project & Goals: *(required)*	
Organization:	Location:
Supervisor's Name:	Email & Phone:

Lake Region UHS does not support or encourage any student to engage in service that might involve risk. LRUHS does not assume responsibility for risks taken by a community service participant working with their community mentor. Assuming the opportunity meets LRUHS criteria for community service, selection of the organization and tasks performed are at the discretion of the student, parents/guardians, and their community supervisor, who should all assess any potential risks. LRUHS does not support or encourage any student to engage in volunteer work that would violate Vermont's laws regarding hazardous/prohibited occupations and hours worked for minors.

Parent/Guardian Signature: _____   **Date**: _____

Record of Hours

Date	Location	Activities	Hours	Supervisor's Signature

Additional hours can be recorded on the "Additional Hours Log" form. Check this box if additional form(s) are used.   ☐

Photos

Submitting Photos?   ☐ *Yes*   ☐ *No*   *Number eligible for: _____*   *Number submitted: _____*

Hours:

Above: _____   Additional Hours Form: _____   Photos: _____

Reflection

This reflection was: ☐ In person   ☐ Written (please attach separate reflection form)
The Community Service Coordinator will complete the information below if the reflection occurred in person.

Designated LR Faculty Taking Reflection:		Date:	
KEY TAKEAWAYS	STUDENTS SHOULD NOT FILL IN THIS BOX.		

_____   _____   _____   _____
Student Signature   Date   LR CS Coordinator Signature   Date