

Cherry Valley-Springfield Central School

Request for Approval of Community Service Opportunity

(To be completed by student wishing to complete hours with an individual/organization not on the pre-approved list)

Student Name: _____ Graduation Year: _____

Anticipated Date(s) of Service: _____

Name of Individual/Organization: _____

Name of Supervisor: _____

Contact Number for Supervisor: _____

Detailed description of service activity: _____

Student Signature: _____ Date: _____

Signature of Principal: _____ Date: _____