



COMMUNITY SERVICE FORM

Please return this form to:

**Minersville Area High School
Guidance Department**

P.O. Box 787, Lower Jonestown Road, Minersville, PA 17954
(570) 544-4761 Fax (570) 544-5866

To Whom it May Concern:

This is to certify that the Minersville Area High School student named below completed Community Service hours. These hours were completed voluntarily, **without compensation and were completed at a time beyond the normal school hours.** *Community Service must be completed for a **NON-PROFIT agency**(SPCA, Red Cross, Library, school, etc) and not for an individual person or a for-profit company.*

Name of Student _____

Grade _____

Date the Community Service was Performed: _____

Name of Organization: _____

Number of Hours: _____

Describe service performed: _____

Respectfully Submitted,

Name

Title

Date

School Use Only:	
Previous Hours	_____
New Hours	_____
.....	
Total Hours to Date	_____