Walla Walla High School

Culminating Project

Community Service Documentation Summary

Student Name: _____

Email: _____ Phone: _____

Students: Use this form to list and document your forty (40) Volunteer Community Service hours. Each volunteer entry must be verified, with a signature, by the supervisor or your parent. Submit this form to the ASB office to be reviewed one week prior to your presentation. You may pick up your **certificate, to include in your presentation**. Supporting documents, such as pictures, certificates, letters, can also be included in your presentation to verify your experience.

SERVICE TITLE and DESCRIPTION	DATE(S)	HOURS	"VERIFIED BY" NAME and SIGNATURE