

## Fall Creek High School Community Service Contract

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Person or agency for which the service is being performed: \_\_\_\_\_

Address of person or agency: \_\_\_\_\_  
\_\_\_\_\_

Phone number of person or agency: \_\_\_\_\_

Service performed: \_\_\_\_\_

Address where service was performed: \_\_\_\_\_

Number of hours of satisfactory completed service: \_\_\_\_\_

Signature of person or agency: \_\_\_\_\_ Date \_\_\_\_\_

By signing this document the person or agency has confirmed that the above student has completed the service above for the hours established and that the service was not performed for a family member or paid for monetarily or in trade. The Fall Creek staff may check with person or agency to establish that the service was completed to expectation.

Signature of Student: \_\_\_\_\_ Date \_\_\_\_\_

By signing this document the student has confirmed that they did complete the service outlined above.

Signature of Homeroom Advisor: \_\_\_\_\_

By signing this document the homeroom advisor attests that the student completed the necessary paperwork and to their knowledge, completed the service.

Signature of Administration: \_\_\_\_\_

Document stored as part of students graduation record.