

Friendswood High School
STUDENT COMMUNITY SERVICE HONORS PROGRAM

Student's Graduation Year _____

Student's Current Grade _____

_____ has volunteered a total of _____ hours toward a
Student Name service project for the following organization:

_____.

Project description: Full detailed description of activity that you completed.

Project

Date(s) _____

Please award/record these hours toward receipt of "Service Honor Cords".

Service Project Coordinator/Supervisor

PLEASE PRINT

Signature _____

Service Project Coordinator/Supervisor * Phone No. Date

Student Signature _____

Parent Signature _____

Approved by Interact Sponsor _____ Date

*Project Coordinator may be contacted for verification.

**FOR YOUR RECORDS, PLEASE MAKE A COPY OF YOUR
COMPLETED SERVICE HOUR FORM BEFORE TURNING IN TO
THE COUNSELING OFFICE!**

**SERVICE HOUR FORMS MUST BE TURNED TO THE
INTERACT SPONSOR WITHIN 10 DAYS OF COMPLETION OF
THE PROJECT. SUMMER SERVICE HOURS ARE TO BE TURNED
IN WHEN SCHOOL STARTS IN AUGUST.**