



# Bishop Union High School

## *Home of the Broncos*

*Derek Moisant, Principal*

*Erik Forsman, Vice Principal*

301 N. Fowler, Bishop, CA 93514  
(760) 873-4275 FAX (760) 873-3065

[www.bishopschools.org](http://www.bishopschools.org)

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### GRADUATION COMMUNITY SERVICE VERIFICATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_ School Year: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Please return this form to the Guidance & Counseling Office at the completion of your community service activity but no later than June 1st of each academic year. Community service must be verified to meet graduation requirements. Bishop Union High is dedicated to fostering high standards of scholarship and citizenship through service to the school and community. Your community service hours will be added to your permanent transcript. Volunteer service may include working for **charitable/non-profit organizations or community-based organizations (without pay)**. Work must be completed during the current school year. ***If the community service hours are to be used towards CSF hours, you are responsible for holding on to this form and attaching it to your CSF application.*** IF volunteering with a family member, the service must be for a recognized community-based or non-profit organization (Mule Days, ESCA, Altrusa, etc.) Ask if there are **ANY** questions about your service hours being counted.

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### ACTIVITY INFORMATION

HOURS WORKED: \_\_\_\_\_ DATE(S) OF SERVICE: \_\_\_\_\_

DESCRIPTION OF SERVICE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ORGANIZATION NAME: \_\_\_\_\_

Print Name of supervisor or adult verifying service: \_\_\_\_\_

Signature of supervisor or adult verifying service: \_\_\_\_\_

Contact phone # or e-mail: \_\_\_\_\_

“The Bronco Way”

*Be Responsible - Use good Judgement - **Have Character- Show Respect***



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